

<b>Case Number:</b>	CM14-0125138		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/03/1998
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year-old female with a date of injury of 3/4/1998. The patient's industrially related diagnoses include failed cervical fusion, postlaminectomy syndrome, and spinal stenosis of the cervical region. The disputed issues are the request for 12 physical therapy sessions of the cervical spine region. A utilization review determination on 7/18/2014 has modified the request to four additional sessions of physical therapy for the cervical spine, and noncertified eight additional physical therapy visits. The stated rationale for the denial was MTUS 2009 chronic pain guideline recommends 9-10 sessions of therapy for treatment of myalgia or myositis flare ups. Given claimant already had six session of therapy, an additional four sessions were recommended to be followed by home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy x12 visits Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Physical Therapy Topic

**Decision rationale:** In the case of this injured worker, there is a diagnosis of failed cervical spine surgery syndrome/postlaminectomy syndrome and spinal stenosis of the cervical spine. The California Medical Treatment and Utilization Schedule recommends tapering of normal physical therapy to self-directed home exercise program. The end to US do not specifically comment on the duration of physical therapy for cervical post laminectomy syndrome. Therefore, the Official Disability Guidelines are cited, which recommend a total of 16 visits for cervical post laminectomy syndrome. Since this patient has already had 6 sessions of physical therapy thus far, an additional 12 sessions is not warranted. This request is not medically necessary.