

Case Number:	CM14-0141326		
Date Assigned:	09/10/2014	Date of Injury:	01/24/2013
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 24, 2013. In a Utilization Review Report dated July 30, 2014, the claims administrator denied a request for eight sessions of postoperative physical therapy for the cervical spine. The claims administrator stated that the attending provider had failed to attach a clinical progress note to the request for authorization and therefore denied the same. The applicant's attorney subsequently appealed. In a February 27, 2014 progress note, the applicant was described as having persistent complaints of neck pain, 7/10, following earlier cervical discectomy and fusion surgery at C4-C5. The applicant's neck pain was better, it was stated. Some numbness was reported about the fingertips. The applicant had x-rays of the cervical spine demonstrating well-positioned fusion hardware. Norco and physical therapy were endorsed. The applicant's work status was not provided. The applicant was placed off of work, on total temporary disability, for four weeks. On April 27, 2014, the applicant was again placed off of work, on total temporary disability. Norco and physical therapy were endorsed. The applicant had apparently developed some dysphagia; it was further suggested, following the cervical spine surgery. On April 21, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of cervical spine pain, 8/10. The attending provider suggested that the applicant consult a gastroenterologist to evaluate the dysphagia and also stated that the applicant should consult a psychiatrist for depression associated with his industrial injury. Cymbalta was endorsed. On June 17, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of neck pain, low back pain, and dysphagia. On July 29, 2014, an additional eight sessions of physical therapy were sought for the cervical spine following earlier anterior cervical discectomy and fusion surgery of February 10, 2014. An H-Wave device was endorsed. The

applicant's dysphagia was reportedly improving. Sacroiliac joint injection therapy was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Physical Therapy - Post-op two times a week for four weeks for the cervical spine times 8:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request in question was seemingly initiated on July 29, 2014, following an earlier cervical fusion surgery on February 10, 2014. Thus, the applicant was seemingly within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier single-level cervical fusion surgery. As further noted in Section 9792.24.3.c.4.b, in cases where no functional improvement is demonstrated, postsurgical physical medicine treatment shall be discontinued at any time during the postsurgical physical medicine treatment period. In this case, the applicant was placed off of work, on total temporary disability, on the date of the request, July 29, 2014, some five and a half months removed from the date of surgery. The applicant remained reliant on other forms of medical treatment, including an H-Wave device and opioid agents such as Norco, despite completion of earlier unspecified amounts of prior postoperative physical therapy. All of the above, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier postoperative physical therapy in unspecified amounts. Therefore, the request for eight additional sessions of postoperative physical therapy is/was not medically necessary.