

<b>Case Number:</b>	CM14-0182231		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Interventional Spine 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 patient is a 45 year old male with an injury date of 01/04/01. Based on the 09/09/14 progress report provided by [REDACTED], the patient complains of severe neck, arm, back, and leg pain. He has numbness and tingling in his hands and fingers. The patient especially has severe neck pain. His pain level is at 10 out 10. The patient characterized pain is in 90% at neck and 10% at arm. The pain diagram shows pain throughout his entire body with stabbing, burning, numbness, pin-and-needles in the entire upper extremities, lower extremities, cervical spine and lumbar spine. His range of motion is good but, he has pain after about 50% normal range of motion. There is tenderness to palpation over the paracervical areas. The patient had cervical spine fusion at C4-5 and C5-6 on 02/05/02. The patient completed 10 physical therapy sessions between 01/24/14-02/24/14. Lab report dated 02/24/14 noted functional status and subjective and objective findings are improved with physical therapy. MRI of cervical spine dated 04/29/14 showed post-operative changes with fusion at C4-5 and C5-6 without discrete evidence of canal stenosis or neural foraminal narrowing. At C6-7, there is 1-2mm posterior disc bulge resulting in mild to moderate left neural foraminal narrowing, and left existing nerve root compromise is seen. His diagnoses include the following disc degeneration cervical spine; cervical radiculopathy; status post fusion C4 through C6, with C6-7 being a little bit arthritic; and pseudo arthrosis. [REDACTED] is requesting for 8 sessions of post-injection physical therapy of cervical spine. The utilization review determination being challenged is dated 10/08/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/17/14-09/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(8) Sessions of Post-injection Physical Therapy for the Cervical Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Physical therapy

**Decision rationale:** This patient presents with severe neck, arm, back and leg pain. The request is for 8 sessions of post-injection physical therapy of cervical spine. The patient has had 10 sessions of physical therapy between 01/24/14-02/24/14. The report dated 02/24/14 noted functional status and subjective and objective findings are improved with physical therapy. Official Disability Guidelines on physical therapy recommends 1-2 visits over 1 week for post-injection treatment. The 8 sessions of therapy exceeds what Official Disability Guidelines states. Therefore, this request is not medically necessary.