

<b>Case Number:</b>	CM14-0098329		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Orthopedic Surgery 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:

74-year-old male claimant with reported industrial injury of 5/31/2013. The claimant is diagnosed with lumbar and cervical disc displacement. Examination note from March 18, 2014 demonstrates the claimant is status post C3-C7 laminectomy with posterior fusion and complaints of ongoing axial low back pain. Examination notes 6/6/2014 demonstrates some neck pain and stiffness with left upper extremity weakness and bilateral upper extremity numbness. Cervical spine exam demonstrates a surgical scar with minimal cervical range of motion as well as left upper extremity weakness in grip. It is noted in the notes completion of 24 postoperative therapy sessions following the cervical laminectomy and fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Neck Fusion Page(s): 26.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, page 26 recommends the following: Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks\* Postsurgical physical medicine treatment period: 6 months In this case the claimant has

exceeded the maximum allowable visits. There is lack of medical necessity per the submitted exam notes from 6/6/14 to support further visits beyond the guidelines. Therefore the determination is for non-certification.