MAXIMUS Federal Services

| Case Number: | CM15-0179340 | | |
|---|---|---|---|
| Date Assigned: | 09/21/2015 | Date of Injury: | 11/30/2013 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

## CLINICAL CASE SUMMARY

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

This injured worker is a 55-year-old male who sustained an industrial injury on 11/30/13. Injury was reported relative to his normal occupational activities as an auto mechanic. Conservative treatment included activity modification, epidural steroid injection, acupressure therapy, extensive physical therapy, and medications. The 6/26/15 cervical spine MRI impression documented a left foraminal disc extrusion at C6/7 with superimposed uncinate hypertrophy impinging exiting left C7 nerve root. There was right foraminal stenosis due to uncinate and facet hypertrophy flattening and likely impingement of the exiting right C7 nerve root. The 7/28/15 treating physician report cited grade 7/10 cervical pain radiating into the left arm with numbness and tingling in the left C6 distribution. Cervical spine exam noted tenderness and muscle spasm, restricted and painful lateral rotation, and radicular dysesthesias in the left C6 and C7 distribution. There was diminished sensation in the C5 distribution and the dorsal portion of the long finger. The bilateral brachioradialis reflex was absent bilaterally. Motor strength was intact over the upper and lower extremities. Imaging showed a C6-7 left foraminal disc extrusion that had progressed in axial plane now impinging exiting left C7 nerve root, and right severe foraminal stenosis likely impinging the exiting right C7 root. The diagnosis was cervical intervertebral disc displacement and cervical radiculopathy. Authorization was requested for anterior discectomy and disc replacement C6-7 with 1 day inpatient stay, post-op physical therapy x 12 visits, pre-operative labs, soft cervical collar, and pre-operative physical therapy evaluation. The 8/27/15 utilization review certified the requests for anterior discectomy and disc replacement C6-7 with 1 day inpatient stay, post-op physical therapy x 12 visits, pre-operative labs, and soft cervical collar. The request for pre-operative physical therapy evaluation was non-certified as the injured worker was approved for surgery with no evident medical necessity for a pre-operative physical therapy evaluation while waiting for surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Pre-op physical therapy evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This injured worker is certified for anterior cervical discectomy and disc replacement at C6/7. He previously attended 8-9 months of physical therapy relative to this industrial injury. A request for post-operative physical therapy has been certified for 12 visits. There is no rationale presented to support the medical necessity of a pre-operative evaluation prior to the certified cervical surgery. Therefore, this request is not medically necessary.