

<b>Case Number:</b>	CM15-0072883		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: California

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 53 year old female sustained an industrial injury to the neck, shoulders, bilateral upper extremities and head via cumulative trauma on 7/26/11. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, psychiatric care and medications. In a neurosurgical request for authorization dated 2/19/15, the injured worker complained of persistent neck pain with radiation to the shoulder associated with numbness, weakness, tingling and difficulty with balance. Magnetic resonance imaging cervical spine (2/5/15) showed C5-6 severe disc degeneration, loss of disc height and disc osteophytic complex that produced central canal stenosis and bilateral foraminal stenosis. Current diagnoses included cervical spine degenerative disc disease, bilateral cervical spine radiculopathy, probable early cervical myelopathy, chronic lumbar spine sprain/strain with radicular symptoms. The treatment plan included C5-6 discectomy with foraminotomy followed by fusion with associated surgical services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op aquatic therapy 3x6 cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Per the CA MTUS Postsurgical Guidelines, Neck and Upper Back, post surgical treatment fusion, page 26, 24 visits over 16 weeks are recommended. Initially of the 24 visits are authorized. In this case, the request exceeds the 12 visits initially recommended. Therefore, the request is not medically necessary.