

<b>Case Number:</b>	CM13-0000823		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	06/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2013

### 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 New York. 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:

This patient worked as a dog groomer. He demonstrated Grade I spondylolisthesis, L5 on S1 with bilateral spondylolysis at L5 noted on x-ray 2/7/13. An MRI with and without contrast on 2/20/13 showed L4-5 disc protrusion with bilateral recess stenosis, and disc collapse at L5-S1, probably without clinical significance. Physical therapy was recommended for his ongoing pain related to standing. Previous PT was done, but it is not clear how much, or the utility of it. A lumbar evaluation 3/18/13 (certified 3/13/13) showed the plan to be 3 sessions per week for two weeks. A prescription was written 4/11/13 for 8 sessions of PT - twice per week for four weeks. Another prescription was written 5/28/13 for addition of static exercises

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The ACOEM Guidelines recommends exercises for range of motion and strengthening, hot and cold applications, and 1-2 visits to PT for counseling and education and

evaluation of home exercise. Per the MTUS Chronic Pain Guidelines, active therapy is encouraged, with home exercise functioning as an extension of formal PT. Neuralgia, neuritis and radiculitis diagnoses have 8-10 visits of therapy over 4 weeks recommended, and mylagias and myositis have 9-10 visits over 8 weeks recommended. The medical records provided for review do not show how much PT was actually done, nor whether it had been successful. Without understanding how much PT the injured worker has had or the effectiveness of previous sessions, additional sessions cannot be recommended. Therefore, the request is not medically necessary and appropriate.