

<b>Case Number:</b>	CM13-0042311		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Family Medicine 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 40 year old woman who was injured at work on 8/13/2008. She is requesting a review for approval of physical therapy for the lumbar spine twice a week for eight weeks. The initial injury occurred while lifting an object weighing 45-50 pounds in which she felt a snap on her lumbar spine. She underwent a treatment program for a lumbar strain which included physical therapy and a TENS unit. Ultimately, she underwent spinal fusion surgery for lumbar radiculopathy. On 10/4/2013 she was seen for a review of her medical condition by [REDACTED] who is an orthopedic surgeon. She stated that she had constant pain and stiffness in the low back. The physical examination was notable for tenderness to both paraspinous columns as well as the sciatic notch. Neurologic examination was notable for 3/5 motor strength bilaterally. Her deep tendon reflexes were 3+ and bilateral. The diagnoses were lumbar radiculopathy with anterior and posterior interbody fusion with continued moderate-to-severe extreme postoperative pain. The treatment recommendations included analgesics and Terocin patches. There were additional visits with [REDACTED] on 11/22/2013 and 12/20/13. The diagnoses for these visits were as described above. There were recommendations for further diagnostic studies to include MRI with contrast of the lumbar spine and an EMG/NCV. The treatment recommendations included analgesics, muscle relaxants, and a trial of a spinal cord stimulator. There is no mention of the medical need for physical therapy in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR EIGHT WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar and Thoracic (Acute and Chronic) Physical Therapy (PT).

**Decision rationale:** From the California MTUS (9792.23.5 - Low Back Complaints; Chapter 12 of the ACOEM 2nd Edition), physical therapy is not recommended for patients with undiagnosed neurologic deficits. Further, a prolonged course of manipulation (longer than 4 weeks), is not recommended. The Official Disability Guidelines (Chapter on Low Back Lumbar & Thoracic (Acute & Chronic) state that for physical therapy: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There are also other general guidelines that apply to all conditions under physical therapy in the Official Disability Guidelines preface, including: Intervertebral disc disorders without myelopathy (10 visits over 8 weeks). Based on the criteria from these two sources, there is no medical justification for physical therapy twice a week for eight weeks for the lumbar spine. There is no rationale in the medical records that were available for review that would justify this request.