

<b>Case Number:</b>	CM13-0046826		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/16/2001
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of September 16, 2001. A utilization review determination dated October 18, 2013 recommends modified certification of physical therapy to recommend 6 sessions, 12 sessions were being requested. A physical therapy progress report dated December 6, 2013 identifies reduced motor strength in the upper and lower extremities, reduced range of motion in the lumbar spine, and recommends treatment with rehabilitative therapy in conjunction with a home exercise program. Treatment goals are documented for both short and long-term progress. A progress report dated October 31, 2013 identifies the subjective complaints of neck pain. The note indicates that the patient reports continued benefit from her pain medication regimen and physical therapy. The note indicates that the patient has improved function and increased mobility from medication and nice side effects. Objective examination findings identify tenderness to palpation in the lumbar paravertebral muscles which is unchanged from the previous examination. The cervical spine is also unchanged from previous examination. Diagnoses include cervicalgia, postlaminectomy syndrome in the cervical spine, chronic pain syndrome, and postlaminectomy syndrome in the lumbar spine. The treatment plan recommends opiate pain medication and continuing physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE PHYSICAL THERAPY VISITS FOR THE NECK AND BACK BETWEEN 10/15/2013 AND 11/29/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy, and recommends 10 visits over 6 weeks for the treatment of postlaminectomy syndrome. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear exactly how many therapy sessions the patient has already undergone. There is no documentation of any specific objective functional improvement as a result of those therapy sessions. Additionally, there is no statement indicating why any remaining treatment goals would be unable to be addressed with an independent program of home exercise. Furthermore, the currently requested therapy would exceed the number recommended by guidelines to treat the patient's condition. There is no statement indicating that there has been an intervening injury, or recent exacerbation with worsening of objective examination findings for which a short course of physical therapy may be indicated. Furthermore, the currently requested 12 sessions would exceed the number recommended for the short-term treatment of a flare-up. In the absence of clarity regarding the above issues, the currently requested additional physical therapy for the cervical and lumbar spine (12 sessions) is not medically necessary.