

<b>Case Number:</b>	CM13-0052204		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/20/2005
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 January 20, 2005. An utilization review determination dated October 31, 2013 recommends modified certification of "continued physical therapy" to recommend certification for 6 sessions of physical therapy. A progress report dated August 7, 2013 includes subjective complaints indicating mild pain status post epidural (illegible). Objective findings are legible. Diagnosis states status post epidural injection. The treatment plan recommends continuing physical therapy. A progress report dated October 2, 2013 indicates that the patient recently had an epidural injection which lasted for 3 months with the symptoms gradually returning. Physical examination identifies limited extension of the lumbar spine. Impression states failed back syndrome. And treatment recommendations include continuing physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, the 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. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The 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. The ODG recommends a maximum of 16 to 48 postsurgical physical therapy visits following spinal surgery. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has already undergone. Additionally, there is no documentation of objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating wine independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the currently requested open-ended "continued physical therapy" is not supported by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested "continued physical therapy" is not medically necessary.