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| <b>Case Number:</b>   | CM13-0057631 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 10/26/1995 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 11/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2013 |

### 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 Orthopedic Surgery, 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 injured worker is a 65-year-old female who was injured in a work related accident on October 26, 1995. Records indicate both neck and low back complaints. Available for review are physical therapy progress reports indicating the injured worker was treated for the left knee, low back, and neck between September and October of 2013. The injured worker is noted to be status post an August 14, 2013 left knee arthroscopy with chondroplasty. An October 22, 2013 follow-up report showed the injured worker underwent a bilateral C7 cervical epidural steroid injection. At present, there is no indication of acute clinical findings from a cervical or lumbar point of view. As stated, it is well established that the injured worker underwent a significant course of treatment in September and October 2013. A prior MRI of the lumbar spine was reviewed from March of 2013 that showed multilevel foraminal narrowing with nerve root compression bilaterally at L4 through S1 with disc bulging and protrusion at L3-4, L4-5 and L5-S1. There is a current request for continuation of physical therapy to the lumbar and cervical spine for twelve additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE PHYSICAL THERAPY SESSIONS FOR THE CERVICAL AND LUMBAR SPINES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS Guidelines do not support further physical therapy to the cervical or lumbar spine. Records indicate the patient had recently undergone a course of therapy between September and October of 2013 with no current physical examination findings for review. While guideline criteria do support the role of physical therapy in the chronic setting for acute symptomatic flare for a diagnosis of myalgia or myositis, it limits that amount to nine sessions. Given the recent therapy already utilized, the request for twelve additional sessions of therapy would exceed guideline criteria, and is therefore not medically necessary.