

<b>Case Number:</b>	CM13-0061505		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Interventional Spine 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 33-year-old male with injury date of 10/16/12. Based on the 12/5/13 progress report by [REDACTED], the patient's diagnosis is degenerative facet joint arthropathy, status post medial branch neurotomy, bilateral L3-4 medial branches and L5 dorsal rami on 7/10/13 with partial improvement, and MRI evidence of broad-based disc protrusion at L5-S1 and mild protrusion at L4-5. MRI of the thoracic spine obtained 12/14/12 showed multiple chronic less than 5-mm Schmorl's nodes at adjoining endplates of thoracic bodies, most notably T6-7, T7-8, T8-9 and T10-11. MRI of lumbar spine obtained 12/14/12 indicated concentric, broad-based bulge, facet hypertrophy and ligamentum flavum laxity producing mild spinal canal narrowing and mild bilateral neural foraminal narrowing at L3-4; concentric broad-based bulge, facet hypertrophy and ligamentum flavum laxity producing mild central canal narrowing and mild bilateral neural foraminal narrowing at L4-5; concentric broad-based bulge and moderate bilateral neural foraminal narrowing. A medial branch/dorsal ramus neurotomy at L3, L4 and L5 bilaterally was performed on 7/10/13. [REDACTED] is requesting eight additional physical therapy sessions. The utilization review determination being challenged is dated 12/4/13 and recommends denial of the physical therapy. [REDACTED], the requesting physician, provided treatment reports from 7/18/13 through 12/5/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) ADDITIONAL POST OPERATIVE PHYSICAL THERAPY SESSIONS:**

Upheld

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

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

**Decision rationale:** The patient presents with chronic low back and thoracic pain. The request is for additional 8 sessions of physical therapy and this request appears to be from 11/25/13 report (per utilization review letter 12/4/13). This 11/25/13 report is not available for this review. Review of provided reports show for therapy history that the patient had 22 sessions of therapy by 3/19/13, and another 12 sessions by 12/5/13. These reports do not discuss the patient's functional progress from the treatments. The patient is s/p rhizotomy of L-spine from 7/10/13, following dorsal medial branch blocks from 4/20/13. The patient continues to be symptomatic for which therapy were requested and provided. The treater has asked for additional 8 sessions of therapy. MTUS page 8 states that "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." MTUS page 68 also recommend 9-10 sessions of therapy for myalgia/myositis, the type of condition this patient suffers from. The patient already had some 34 sessions of therapy in 2013, with 12 of them in the recent months. The patient has had adequate therapy and should be able to perform home exercises by now. The current request is not consistent with the guidelines and the request exceeds what is recommended by MTUS. Therefore the request is not medically necessary.