

<b>Case Number:</b>	CM13-0066168		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Practice, 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:

The patient is a 52 year old female who sustained a work injury on 07/10/2007 resulting in chronic low back pain. An MRI in 2007 showed osteophytes in the cervical spine. An MRI in 2008 showed disc protrusion at several levels of the lumbar spine. She had undergone a home exercise program for pain as well as CBT for psychological therapy. She had received nerve root blocks of L2, L3, and L4 with improvement in pain. She has used Norco and Dilaudid for pain. For several months she had undergone physical therapy. An examination report on 12/3/13 indicated she had a healed scar from a prior lumbar laminectomy and limitation in range of motion with an antalgic gait. Due to continued lumbar radiculopathy an additional 15 sessions of physical therapy were ordered along with additional acupuncture and CBT therapy

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (15 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

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

**Decision rationale:** The guidelines state that supervised physical therapy should be faded out as a treatment, followed by an active self-directed home exercise program. In this case, there is no diagnosis of chronic regional pain syndrome requiring extended supervised therapy sessions. The patient has already completed several months of physical therapy and has performed home exercises. Therefore, the requested physical therapy is not medically necessary or appropriate at this time