

<b>Case Number:</b>	CM13-0069331		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 and is licensed to practice in Illinois. 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 32-year-old male who reported an injury on 01/27/2008. The mechanism of injury was not provided for review. The patient ultimately underwent a lumbar fusion from the L4 to the S1 in 07/2009. The patient also developed chronic neck pain, sciatica, major depression, and tension headaches. The patient's treatment history included physical therapy, H-Wave therapy, medications, and a spinal cord stimulator. The patient was evaluated on 11/26/2013 and it was documented that the patient ambulated with a 4-point cane and had a normal neurological evaluation. The patient's diagnoses included post-laminectomy lumbar syndrome, neck pain, sciatica, and tension headaches. The patient's treatment recommendations included physical therapy for gait training, continuation of medications, continuation of psychological support, and referral to an urologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE CERVICAL/LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California Medical Treatment and Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the patient has had extensive physical therapy previously. However, due to a recent increase in falls, a short course of physical therapy would be appropriate to re establish and re-educate the patient in a home exercise program. The requested 12 additional physical therapy sessions would be considered excessive. Additionally, the California MTUS recommends up to 8 to 10 visits for this type of injury. The requested 12 visits exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. The request for physical therapy twice a week for six weeks for the cervical/lumbar spine is not medically necessary and appropriate.