

<b>Case Number:</b>	CM14-0006536		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/09/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational Medicine 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 56-year-old male who has submitted a claim for lumbar disc disorder with myelopathy associated with an industrial injury date of April 9, 2007. The patient is status post L3-4 laminectomy and L4-5 discectomy in 2006, as well as L3-4 posterior fusion. He has previously attended 18 post-surgical physical therapy sessions with some improvement reported. The most recent complaints include low back pain radiating to the left anterior thigh and groin area. Oral pain medications help reduce his symptoms. Physical examination showed limitation of motion of the lumbar spine with tenderness and spasm over the left lumbar paraspinal muscles. Motor, reflex and sensory testing were normal. The patient was diagnosed with lumbar herniated disc for which physical therapy was requested. Treatment to date has included oral analgesics, lumbar spine surgery and physical therapy. Utilization review from December 27, 2013 denied the request for 16 physical therapy sessions between 12/23/2013 and 2/21/2014 because objective functional response from prior PT was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIXTEEN (16) PHYSICAL THERAPY SESSIONS BETWEEN 12/23/2013 AND 2/21/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical therapy (PT)

**Decision rationale:** Pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification based upon the patient's progress in meeting those goals is paramount. Active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG recommends a total of 10 visits over 8 weeks for intervertebral disc disorder with myelopathy with a six-visit clinical trial. In this case, the patient had previously received 18 physical therapy sessions for the back. However, there was no objective evidence of overall pain improvement and functional gains derived from the treatment. It was unclear why the patient is still not versed to home exercise program to address the residual deficits given the extensive course of treatment. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. Therefore, the request for sixteen (16) physical therapy sessions is not medically necessary.