

<b>Case Number:</b>	CM14-0106084		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 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 51 year old with an injury date on 5/27/09. Patient complains of back pain with a recent exacerbation, likely secondary to ossification of his spine per 5/19/14 report. Patient returned to work on light duty in January 2014, but had a recent decline in activities of daily living due to flare-up of pain per 5/19/14 report. Patient has right-sided back pain greater than left, with cramps/spasms in right lower extremity/anterior thigh area and tingling/burning with decreased sensation in his toes per 1/31/14 report. Based on the 1/31/14 progress report provided by [REDACTED] the diagnoses are: 1. Chronic right lower extremities radiculopathy. 2. Myelopathy left leg. 3. s/p L4-L5 fusion with removal of right L4-L5 hardware. 4. Persistent lower back pain not managed for nonsurgical intervention. Exam on 5/19/14 showed motor strength of lower extremities is 5/5 and equal. Sensation is intact to light touch in all major dermatomal groups. He has decreased range of motion of the lower back secondary to discomfort. [REDACTED] is requesting physical therapy 2x4 weeks for low back. The utilization review determination being challenged is dated 6/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/31/14 to 5/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional Physical Therapy Sessions for Cervical Spine: 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 Page(s): 98, 99.

**Decision rationale:** This patient presents with back pain and is s/p L4-S1 fusion with removal of side hardware from 2011. The treater has asked for Physical Therapy 2x4 weeks for low back on 5/19/14. A physical therapy report dated 4/9/14 states patient has completed 4 sessions but the effect of those sessions are not mentioned in the progress reports. In this case, the patient has recently returned to work and has suffered an exacerbation of low back pain. The treater has asked for 8 physical therapy visits to ameliorate condition and return to work full duty in 2 weeks' time. The patient has already completed 4 sessions, however, and an additional 8 sessions would exceed what MTUS guidelines allow for this type of condition. Recommendation is not medically necessary.