

<b>Case Number:</b>	CM14-0012982		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	09/06/2002
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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:

This is a 56-year-old female with a date of injury of 9/6/02. The mechanism of injury was stocking shelves and trying to stand up with resultant complaints of back pain. On 11/26/13, she complained low back pain and leg symptoms. She had been utilizing a TENS unit which resulted in 40 - 50% subjective reports of improvement in symptoms and decreased medication usage. The physical exam findings documented normal strength, straight leg raise testing was negative. She had moderated restricted range of motion and pain was noted with forward flexion. X-ray findings document a solid fusion at the L4 through S1 level with adjacent disc disease at the L3 - L4 level. The diagnostic impression is status post L4 - S1 anterior lumbar fusion, L4 -5 posterior spinal fusion. Treatment to date: surgery, physical therapy, TENS unit, medication management. A UR decision dated 1/13/14, denied additional physical therapy visits. It was noted that the patient had physical therapy notes dated 9/30/13, 10/29/13, and billing sheets dated 10/29/13, 10/18/13, 10/16/13 and 10/11/13. The rationale for the physical therapy denial was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE (12) ADDITIONAL PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE (2 X 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPYPain, Suffering, and the Restoration of Function Page(s): 98-99, 114. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER: PHYSICAL THERAPY GUIDELINES.

**Decision rationale:** The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, the medical reports do not clearly establish objective functional gains nor improvement with activities of daily living. In addition, it is unclear how many physical therapy sessions the patient has had, but recent documentation reveals at least 5 sessions in September and October 2013. ODG Low Back Chapter supports up to 10 sessions of physical therapy for lumbosacral degenerative disc disease. The request is for an additional 12 sessions of physical therapy and with the documented 5 sessions already completed, the number of sessions will exceed the recommended 10 sessions. There is no clear rationale as to why the patient has not been able to progress to an independent home exercise program. Therefore, the request for twelve additional physical therapy visits for the lumbar spine was not medically necessary.