

<b>Case Number:</b>	CM14-0116613		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Orthopedic surgery 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 claimant is a 47-year-old gentleman who slipped and fell on April 12, 2013, injuring his head and low back. The clinical records available for review document continued neck and low back complaints. A June 20, 2014, progress report describes continued onset of pain complaints. Physical examination showed a healed cervical incision from previous fusion of levels C4 through C7, diminished cervical range of motion and weakness to the wrist extensors bilaterally. An examination of the lumbar spine showed positive straight leg raise and no motor weakness, sensory or reflexive change. A prior MRI scan of the lumbar spine showed multilevel degenerative changes. The claimant has been treated with topical compounding creams and narcotics. This request is for 12 to 18 additional sessions of formal physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) - three (3) times a week for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy would not be indicated. Under the Chronic Pain Guidelines, no more

than 9 to 10 visits of physical therapy would be recommended in the chronic setting for the management of acute symptoms. In this case, the claimant's condition appears to be chronic in nature, and the reviewed records do not document symptoms of an acute flare. Additionally, the claimant already completed more than the permissible therapy sessions following the fusion procedure. The request for 18 additional sessions of physical therapy would exceed the recommended amount of therapy according to guideline criteria. Additional physical therapy cannot be recommended in the absence of documentation of acute findings.