

<b>Case Number:</b>	CM14-0128537		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 47-year-old male with a 6-26-2008 date of injury. A specific mechanism of injury was not described. A 7/29/14 determination was non-certified given no documentation of the medical necessity. It was noted that the patient has had 31 physical therapy sessions, including 19 aquatic therapy sessions and 12 sessions of land based therapy. A 7/15/14 report revealed that the patient is doing about the same. He had not returned to work. He was still in dryland physical therapy. In the last few days he had left leg symptoms again. The nerve stimulator was working really well. Exam revealed intact Achilles and Patellar tendon, light touch intact, 5/5 muscle strength. Diagnoses include post-laminectomy syndrome, low back pain, s/p lumbar discectomy x 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** 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. The patient had extensive therapy, both land and aquatic. There was no clear objective improvement from the therapy. There continued to be pain; however, no functional deficits on exam. There was no rationale for the necessity of continued therapy and clarification why the patient couldn't continue rehabilitation through a home exercise program. The medical necessity is not substantiated for this request.