

<b>Case Number:</b>	CM14-0130138		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/16/2004
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 47 year old male. Based on 06/20/14 progress report provided, the patient complains of low back pain. Patient is status post L-4-5 disc replacement (July 2007) and lumbar decompression 02/23/11. Medications per progress report dated 07/02/14 include Norco and thermacare heat patches. Patient self-discontinued Opana ER. Progress report dated 06/20/14 mentions that acupuncture provides temporary relief. Physical Exam 06/20/14: patient has upright posture and ambulates with a normal gait. Deep tendon reflexes: patellar and achilles are intact and symmetric bilaterally. Sensory exam: light touch is intact bilaterally. Motor exam: strength is 5/5 bilaterally L2-S1. Patient can heel walk and toe walk. Distal pulses are intact in the lower extremities. Review of reports has no range of motion findings pertaining to the lumbar spine. Diagnosis 06/20/14: lumbar post-laminectomy syndrome, low back pain, lumbar radiculopathy. Provider is requesting Therapeutic exercises. The utilization review determination being challenged is dated 07/17/14. Per utilization review letter, the request for Therapeutic exercises was defined as "12 sessions of physical therapy, lumbar spine." The rationale is that "explanation of findings from lumbar CT scan dated 10/19/11 was non-certified for requested 12 sessions of physical therapy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic exercises:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The patient has low back pain. The request is for Therapeutic exercises. Utilization review letter dated 07/17/14 has defined request as "12 sessions of physical therapy, lumbar spine." MTUS pages 98 and 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Patient has post-laminectomy syndrome and presents with lumbar radiculopathy. The patient is not currently under post-operative time-frame. The reports do not discuss treatment history and the treater does not explain why therapy is being requested other than for subjective pain. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. The request is not medically necessary.