

<b>Case Number:</b>	CM14-0169906		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 underlying date of injury in this case is 11/17/2008. The date of the utilization review under appeal is 09/17/2014. This patient's diagnosis is a lumbar post-laminectomy syndrome. On 08/18/2014, the patient was seen in treating physician follow-up. Limited clinical information is available in that handwritten note. The patient was noted to have cervical degenerative disc disease with mechanical neck pain and decreased range of motion as well as hypogonadism and history of longstanding opioid therapy. Continued physical therapy was recommended twice a week for 8 weeks for neck exercises and a stretching and home exercise program. The medical records note that the initial mechanism of injury is the patient was using a hand-truck to pull an 80-pound package up steps. The patient has a history of a lumbar post-laminectomy syndrome as well as cervical multilevel disc degeneration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 physical therapy sessions over 8 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, and Physical Therapy

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends transition to an independent home rehabilitation program. This is a chronic injury in which the treatment guidelines would anticipate that the patient would have previously transitioned to an independent home rehabilitation program. A rationale or indication instead for additional supervised therapy in this chronic timeframe is not apparent. This request is not medically necessary.