

<b>Case Number:</b>	CM14-0040372		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Occupational Medicine 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 24 year old patient had of injury on 8/17/2012. The mechanism of injury was lifting and twisting when she felt severe pain in her back and right leg. On physical exam, dated 3/3/2014, there is dysesthesias to palpation of the right lower back. On a progress note dated 3/20/2014, the patient reports mild improvement with last set of physical therapy visits, but continues to have severe pain that causes her to stay in bed after days of increased activity. The diagnosis is status post right L4-5 decompression. Treatment to date: medication therapy, behavioral modification, and surgery on 11/26/2013. A UR decision on 4/2/2014 denied the request for physical therapy sessions x 8, citing the clinical information submitted and using evidenced, peer-reviewed guidelines referenced the request for physical therapy 2 times/week for 4 weeks is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pg 98-99 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. On a progress note dated 3/20/2014, the patient had completed 16 authorized physical therapy visits. The progress notes state patient is making slow steady gains with physical therapy, although the patient continued to have tightness, neural mobility limitations, and limited range of motion with resultant function limitation. However, CA MTUS Postsurgical Treatment Guidelines recommendation for discectomy and/or laminectomy is 16 visits over 8 weeks. The patient has already completed 16 total sessions, and an additional 8 sessions would far exceed guideline recommendations. Although additional physical therapy may be appropriate for this patient, 8 additional sessions is excessive. In addition, it is unclear why the patient has not been able to transition successfully to an independent home exercise program. Therefore, the request for 8 additional physical therapy sessions is not medically necessary.