

<b>Case Number:</b>	CM14-0052961		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/08/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 is a 56-year-old male with a 9/8/03 date of injury. The patient was injured when he fell from a truck while engaged in his duties as an agricultural tarp remover. According to a 6/9/14 progress note, the patient complained of low back pain, right leg pain, and neck pain with headaches. He stated his back pain is remarkably improved following his right sided L5-S1 rhizotomy. Prior to the rhizotomy, he rated his pain as 6/10, following the rhizotomy as 2/10 on pain scale of 0-10. He stated that his right leg numbness and pain have resolved. He continues to have neck pain and headaches. Objective findings: no tenderness or spasming with direct palpation through the paralumbar muscles, exquisite tenderness and spasming and guarding with direct palpation through the paracervical muscles and trapezial regions. Diagnostic impression: cervicgia, improved lumbago, bilateral sciatica more so on right. Treatment to date: medication management, activity modification, facet injections, physical therapy, surgery, lumbar ESI, rhizotomy. A UR decision dated 3/18/14 denied the request for 12 physical therapy sessions. A review of the submitted records indicated that the patient had completed 12 sessions of physical therapy within the past 12 months with both pain relief and functional gain. Although the patient recently reported redevelopment of his back pain and right leg pain, it appears the pain was returning as his facet injection was wearing off rather than from acute flare-ups. Continuing with his home exercise program appears appropriate as it had been effective in managing the patient's pain level since his completion of physical therapy. One of the goals of formal physical therapy is to transition a patient to a home exercise program. This has already occurred. No additional physical therapy sessions are indicated at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Neck and Upper Back Chapter American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function

**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. It is documented in a progress note dated 5/7/14 that the provider is requesting physical therapy for the cervical spine and lumbar spine. ODG guidelines recommend 9 visits over 8 weeks for lumbago and 9 visits over 8 weeks for cervicgia. There were no physical therapy notes provided to review in the reports provided. However, the UR decision dated 3/18/14 stated that the patient has already completed 12 physical therapy sessions and transitioned to a home exercise program. 12 additional physical therapy sessions would exceed guideline recommendations. In addition, there is no documentation addressing what goals would be achieved with the additional sessions. Prolonged physical therapy can lead to treatment dependence. A rationale was not provided as to why the patient needs physical therapy in lieu of continuing with his home exercise program. Therefore, the request for 12 physical therapy sessions was not medically necessary.