

<b>Case Number:</b>	CM14-0053707		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/30/1999
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 48-year-old male who reported an injury on 12/30/1999. The injury occurred while he was playing [REDACTED]. He hit his head on a group of individuals. On 03/19/2014 the injured worker presented with neck and low back pain. Upon examination of the cervical spine, the range of motion values was 45 degrees of extension, 50 degrees of bilateral rotation with pain, and 4 fingerbreadths restricted flexion with stiffness. There were moderate paravertebral spasms upon palpation. The lumbar spine range of motion values were 20 degrees of extension with pain and restricted flexion with pain, full twisting bilaterally with slight pain to the right, and upon palpation there were moderate paravertebral spasms. The diagnoses were post laminectomy syndrome of the cervical spine and spondylosis of the lumbosacral spine. Prior treatments included cervical discectomy and fusion and medication patches. The provider recommended physical therapy for 6 sessions and biofeedback for 6 sessions to treat range of motion and spasms. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) sessions of Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 101.

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

**Decision rationale:** The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. The request as submitted does not indicate the body part that the physical therapy was intended for or the frequency of the physical therapy visits. As such, the request is not medically necessary.

**Six (6) sessions of Biofeedback:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

**Decision rationale:** The California MTUS does not recommend biofeedback as a standalone treatment, but it is recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic back pain. As the primary request for physical therapy is not supported, biofeedback would not be recommended as a standalone treatment. As such, the request is not medically necessary.