

<b>Case Number:</b>	CM14-0072083		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 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 57-year-old male with a date of injury of 03/01/2011. The listed diagnoses per [REDACTED] are: early postoperative, lumbar spine; and degenerative disk disease, cervical and lumbar spine. According to the progress report 01/10/2014 by [REDACTED], the patient presents with neck and low back pain. The patient is status post lumbar epidural injection which provided approximately 10% relief. He continues to have pain in his lower back. The provider recommends physical therapy to include stabilization in extension, stabilization in neutral and soft tissue mobilization. The patient's medication regimen includes Hydrocodone, Clonazepam, Simvastatin, Ranitidine, Remeron, Cymbalta, and Lotemax eye drops. The patient reports he is not currently working. The request is for additional physical therapy 2 times a week for the next 4 to 10 weeks. Utilization review denied the request on 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy (X8-20):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Physical Therapy.

**MAXIMUS guideline:** Decision on the MTUS: Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98 and 99.

**Decision rationale:** This patient presents with chronic low back pain and is status post anterior cervical fusion from November 2012. The patient continues to complain of neck, low back, and psychological issues. The patient underwent a recent ESI with little benefit and he continues with complaints of pain. The provider is requesting additional physical therapy 2 times a week for the next 4 to 10 weeks. For physical medicine, the MTUS Guidelines, page 98 and 99, recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the provider does not supply prior physical therapy progress reports. Review of the medical records indicates the patient has received 28 physical therapy sessions to date. The provider does not supply a clear rationale as to why he is requesting an additional 8 to 20 sessions. In this case, this patient should now be well-versed in the exercises and should now transition into a self-directed home exercise program. Such as, additional Physical Therapy (X8-20) is not medically necessary.