

<b>Case Number:</b>	CM14-0073254		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/09/2006
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 injured worker is a 60-year-old female with an original date of injury of August 9, 2006. The patient has diagnoses of neck pain, chronic low back pain, cervical radiculopathy, lumbar radiculopathy, previous lumbar fusion in November 2009, and anterior cervical discectomy and fusion in March 2009. The patient has tried numerous conservative therapies before surgery including pain medications (including narcotics), spinal cord stimulator, and prior physical therapy. A utilization review determination had noncertified the request for additional physical therapy for 12 sessions. The rationale for this denial was that there was no documentation regarding "previous physical therapy rendered for the patient's nearly 8-year-old injury."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times per week for 6 weeks for cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** At this stage, the injured worker has chronic pain affecting the lumbar and cervical spine. The patient has had lumbar fusion and spinal cord stimulator implanted. There is

no clear summary of previous physical therapy to date, including the functional outcome of prior therapy. The guidelines require documentation of functional benefit in order to continue with physical therapy. Furthermore, the guidelines recommend transition to self-directed home exercises, and there is no clear documentation that a failed a home exercise program applies in this case. This request is not medically necessary at this time.