

<b>Case Number:</b>	CM14-0093819		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Pain Medicine and is licensed to practice in 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 54 year old female whose date of injury is 07/06/2012. On this date the injured worker fell through a hole in an attic. Treatment to date includes lumbar spine fusion on 07/06/12 and cervical spine fusion on 09/16/13. The injured worker completed 18 physical therapy visits between 11/18/13 and 04/14/14. Diagnoses are chronic neck pain, chronic low back pain, numbness in the hands and feet, depression and anxiety. The injured worker has been determined to have reached maximum medical improvement. Prior utilization review denied a request for 8 physical therapy sessions C/S, L/S on 05/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Physical therapy sessions C/S, L/S: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The injured worker has completed extensive prior physical therapy including 18 visits from November 2013 through April 2014. The injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment and

support additional sessions. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Based on the clinical information provided, the request for 8 physical therapy sessions C/S, L/S is not recommended as medically necessary.