

<b>Case Number:</b>	CM13-0060072		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 46 year old employee with date of injury of 11/14/11. Medical records indicate the patient is undergoing treatment for bilateral carpal tunnel syndrome, cervical spine sprain/strain and lumbar disk degeneration and herniation. Subjective complaints include pain in the neck, back and mid back. She notices that her pain radiates in the left leg more so than the right. She says she feels achy with numbness throughout her entire body. Objective findings include no pain toward terminal range of motion (ROM). Her cervical spine ROM is as follows (in degrees); extension, 5; right and left lateral bend, 10; right and left rotation: 40. On palpation there is no musculature tenderness to either the cervical or thoracic spine. Her thoracic spine ROM is as follows (in degrees); forward flexion: 20; extension, 25; right and left lateral bend, 20 and right and left lateral rotation, 35. An MRI of the cervical spine had no evidence of stenosis, nerve impingement or multiple disk degeneration. An MRI of the lumbar spine revealed evidence of disk degeneration and a small, right sided disk bulge at L4-5. Treatment has consisted of home exercise, acupuncture, chiropractic care, topical creams and anti-inflammatories. The utilization review determination was rendered on 11/19/13 recommending non-certification of Physical therapy 2x wk x 6wks Lumbar spine (total sessions 12).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x wk x 6wks Lumbar spine (total sessions 12): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. On September 11, 2013, the medical evaluator, [REDACTED], opined, that "I do not think any additional physical therapy or chiropractic care will provide her with any significant ongoing benefit at this time, and certainly no surgery should be considered before attempts at epidural injections have been completed." The treating physician notes that the patient has had prior therapy although he does not indicate how many sessions the patient completed and does not document the success or failure of such treatment. In addition, the request is for 12 sessions and is in excess of guideline recommendations. As such, the request for Physical therapy 2x wk x 6wks Lumbar spine (total sessions 12 is not medically necessary.