

<b>Case Number:</b>	CM14-0192781		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/14/1983
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 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 is a 63 year old patient with date of injury of 09/14/1983. Medical records indicate the patient is undergoing treatment for spinal stenosis lumbar region without neurogenic claudication, lumbosacral spondylosis without myelopathy, displacement thoracic/lumbar intervertebral disc without myelopathy, spinal stenosis lumbar region without neurogenic claudication and lumbago. Subjective complaints include lumbar spine pain, weakness in both legs and numbness to both feet. Objective findings include using cane for ambulation, no erythema, NSI throughout bilateral lower extremities to light touch and normal motor strength. MRI on 07/08/2014 - status post laminectomy L1-L5 (partial laminectomy L1 and L5). Patient has a synovial cyst at L3/4 posterior to vertebral body of L4 that is concerning for stenosis, not clear if this is car tissue or bone. Treatment has consisted of lumbar surgery, physical therapy and home exercise program. The utilization review determination was rendered on 10/28/2014 recommending non-certification of Physical therapy x 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 8 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back- lumbar & thoracic (Acute & Chronic) updated 8/22/2014

**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. Medical documentation provided states that this patient has been attending physical therapy; however, the treating physician has not included notes to document objective and subjective improvements with therapy that has already been completed. As such, the request for Physical therapy x 8 sessions is not medically necessary.