

<b>Case Number:</b>	CM14-0063156		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old female, who sustained an industrial injury reported on 5/11/2009. She has reported constant and radiating low back pain. The diagnoses were noted to have included cervical and lumbar sprain/strain; thoracic or lumbosacral neuritis or radiculitis; and aftercare following surgery of the musculoskeletal system - micro-decompression and spondylosis of lumbar 3-4 (11/12/11) & anterior cervical decompression and fusion of cervical 3-4 (4/24/13). Treatments to date have included consultations, physical therapy to both the lumbar and cervical spine with heat, cryotherapy and electrical stimulation; home exercise program; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled. On 4/14/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 4/3/2014, for 8 additional, outpatient, physical therapy sessions for the lumbar spine, 2 x a week x 4 weeks (8 sessions). The American College of Occupational and Environmental Medicine, OMPG low back, low-stress aerobic activities, physical therapy, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional Physical Therapy for lumbar spine, 2 times per week for 4 weeks as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low and Upper Back Physical Therapy.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy treatments can be utilized for the treatment of musculoskeletal pain. The use of physical therapy can result in reduction in postoperative swelling, decrease in pain and medication utilization and improvement in physical function. The record indicate that the patient completed the several supervised PT programs and progressed to a home exercise program. There is no documentation of subsequent acute injury or surgery that would require additional supervised PT sessions. The guidelines recommend the continuation of home exercise program. The criteria for 8 additional physical therapy for lumbar spine 2 times per week for 4 weeks as an outpatient was not met.