

<b>Case Number:</b>	CM15-0134103		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female who sustained an industrial injury on 9/30/03. The mechanism of injury was unclear. She currently complains of ongoing back pain radiating down her right leg; neck pain; shoulder pain. On physical exam it was noted that she is very deconditioned and physical therapy would be of help. Her left leg buckles and she uses a cane for ambulation for short distances and wheelchair for longer distances. On exam of her cervical spine there was right and left sided tenderness of the trapezius and rhomboid areas; lumbar spine revealed tenderness of the paraspinal region at L4 Her pain level with medications was 7/10 enabling her to do light household chores and without medication her pain level was 10/10. Medications were gabapentin, Fentanyl, meclizine, oxycodone, trazadone, zolpidem. Diagnoses include chronic pain syndrome; knee pain; degeneration of the cervical intervertebral disc; lumbar post laminectomy syndrome; status post shoulder surgery, debridement, left shoulder (1/26/15); lumbar fusion, L4-S1 anterior approach (8/2014); lumbar disc replacement L5-S1 microdiscectomy and fusion (4/2009); chronic pain syndrome; knee pain. Treatments to date include post-operative physical therapy; medications. Diagnostics include lumbar spine x-ray showing stable fusion of spine L4-S1, moderate disc degeneration. On 6/29/15 the treating provider requested physical therapy twice per week for six weeks for strengthening of the lower extremities and back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Lumbar Spine, 2 times wkly for 6 wks, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non- MTUS Citation Official Disability Guidelines: Low Back - Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.