

<b>Case Number:</b>	CM15-0147261		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 62-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 4, 2012. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the lumbar spine. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery on March 12, 2015 and earlier cervical spine surgery on July 18, 2014. Progress notes of June 12, 2014 and June 22, 2015 were referenced in the determination. The claims administrator referenced a variety of MTUS and non-MTUS Guidelines in its determination, some of which were mislabeled as originating from the current MTUS. The applicant's attorney subsequently appealed. On April 29, 2015, the applicant reported ongoing complaints of neck and low back pain status post earlier cervical and lumbar fusion surgeries. SI joint injection therapy was suggested. The claimant's work status was not furnished. In a work status report dated January 15, 2015, difficult to follow, somewhat blurred as a result of repetitive photocopying, the claimant was placed off of work, on total temporary disability. In an order form dated June 22, 2015; six sessions of physical therapy were sought, seemingly without any supporting rationale or supporting progress notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine 3 times a week for 2 weeks, quantity: 6 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 299, 300, Chronic Pain Treatment Guidelines Physical Therapy, Exercise.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** No, the request for six sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier lumbar spine surgery in 2014 as of the date of the request, June 22, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made on page 48 of the ACOEM Practice Guidelines to the effect that an attending provider should furnish a prescription for therapy which clearly states treatment goals. Here, however, little-to-no clinical information was attached to the June 22, 2015 order for physical therapy. The claimant's work and functional status were not outlined. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20e with earlier unspecified amounts of physical therapy over the course of the claim was not clearly detailed or characterized. Therefore, the request was not medically necessary.