

<b>Case Number:</b>	CM15-0148583		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/07/1999
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 40 year old female, who sustained an industrial injury on July 7, 1999. The injured worker was diagnosed as having open reduction internal fixation (ORIF) lumbar fracture with fusion, lumbar spinal stenosis and closed fracture of lumbar vertebra. Treatment to date has included surgery, therapy, lumbar brace and medication. A progress note dated June 12, 2015 provides the injured worker complains of back pain radiating to the left leg with numbness and tingling. She reports new pain above her previous fusion that began on May 10, 2015. Physical exam notes decreased low back pain with movement, tenderness to palpation of the thoracic and lumbar area and left ankle weakness. The plan includes physical therapy, lumbar brace and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 40.

**Decision rationale:** According to the ACOEM guidelines, Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant had a new thoracic strain for which 10 visits over 8 weeks may be needed. There was no indication that additional therapy cannot be done at home. The request for 12 sessions exceeds the guidelines recommendations and is not medically necessary.