

<b>Case Number:</b>	CM15-0027803		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: California, Hawaii

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:

This 40-year-old male sustained a work related injury on 07/30/2009. According to a progress report dated 01/14/2015, the injured worker complained of constant low back pain, mid back pain, neck pain, sleep deprivation due to pain, stress, anxiety and depression and headaches. Diagnoses included lumbar spine herniated nucleus pulposus with radiculopathy, mid back strain rule out disc pathology, cervical spine herniated nucleus pulposus with radiculopathy, sleep deprivation, stress, anxiety and depression and posttraumatic headaches. Treatment plan included physical therapy for the cervical and lumbar spine, medication transportation to all medical appointment, cognitive behavioral therapy and biofeedback and a follow up. According to the provider's notation of his previous history, the injured worker was approved for 12 office visits of postoperative lumbar spine therapy. He had completed 8 sessions and report increased range of motion. He continued to have pain and numbness that radiated into his right hip. He had difficulty with flexion and prolonged activities. Due to his continued pain and functional limitation authorization was requested for 8 additional sessions. On 01/22/2015, Utilization Review non-certified physical therapy lumbar. According to the Utilization Review physician, the injured worker's status had been static since at least 09/23/2014. It was unclear if he had any interim conservative care and if so, how much. The exam reflected no functional gains or therapeutic benefits whatsoever. Official Disability Guidelines were referenced. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

**Decision rationale:** The patient presents with pain affecting the low back, mid back, and neck accompanied with headaches. The current request is for physical therapy lumbar. The treating physician report dated 1/14/15 (19B) states, "Physical therapy for the cervical and lumbar spine twice a week for three weeks." The report goes on to state, "He has been continuing with his home exercise program, but continues to have increased cervical spine and upper extremity complaints." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. In this case, while the physician does note in the report dated 1/14/15 that the patient is to receive PT twice a week for three weeks, the current request does not specify a quantity of PT sessions and an open-ended request is not supported. Furthermore, it is unclear how many previous PT sessions have been received and there is documentation that the patient has an established home exercise program. The current request does not satisfy the MTUS guidelines as outlined on pages 98-99. Therefore, this request is not medically necessary.