

<b>Case Number:</b>	CM14-0133062		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old registered nurse sustained a back and hip injury on 5/22/09 from lifting in the course of her employment. The request under consideration is for physical therapy (PT) for the thoracic spine x 6. A permanent & stationary (P&S) report dated 3/17/14 from an internal medicine provider noted the patient has reached maximum medical improvement (MMI) for symptoms of constipation and palpitations. A pain management report dated 4/24/14 from the provider noted ongoing chronic back symptoms. The physical exam showed trigger points in bilateral mid and low back paraspinal musculature and buttocks with limited range of flexion and extension (60 and 30 respectively); deep tendon reflexes s 1+ ankle; motor and sensation grossly intact with equivocal straight leg raise. Diagnoses included post-laminectomy syndrome with secondary chronic lumbar strain and secondary depression. Treatment includes medications: opioids, muscle relaxants, and anti-inflammatories. A report dated 7/30/14 noted right anterior hip intact with decreased sensation of right calf and ankle. Per peer reviewer discussion with provider on 8/18/14, the last physical exam performed by his office was in April 2014. The request for PT for the Thoracic Spine x 6 was non-certified on 8/20/14, with the reviewer citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the thoracic spine x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 2.

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

**Decision rationale:** Submitted reports have no indication of acute flare-up or specific physical limitations to support the need for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome resulted, if any. The Chronic Pain guidelines allow for 9-10 visits of physical therapy with fading of treatment and transition to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in activities of daily living, change in work status, or decrease in medication and medical treatment utilization. Without a change in neurological compromise or red-flag findings to support further treatment, the requested physical therapy for the thoracic spine x 6 is not medically necessary and appropriate.