

<b>Case Number:</b>	CM13-0064662		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/24/2009
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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

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 is a 54 year old female who sustained a work related injury on 10/24/2009. The mechanism of injury has not been provided with the clinical documentation submitted. Per the most recent Primary Treating Physician's Progress Report (PR2) dated 11/21/2013, the injured worker reported persistent back pain and spasm. She feels the acupuncture is helping. She takes, on average, one pain pill per day. Objective physical examination revealed a normal gait. Her lumbar range of motion is decreased. The skin incision is well-healed. Her strength and sensation are intact. Diagnoses included discogenic low back pain, L2-L5 and status post artificial disc replacement L2-L5 on 2/05/2013. The plan of care included additional physical therapy and pain medication. Postoperative x-rays dated 5/16/2013 were read by the evaluating provider as interval surgical changes at L2-L5, mild retrolisthesis at L2-3 and L3-4 which does not change with flexion or extension, and chronic degenerative disc disease and spondylosis at L1-2. Per the UR, 39 physical therapy sessions have been completed to date. Acupuncture has been completed and the number of sessions is not documented in the medical report provided. Work Status is temporarily totally disabled. On 12/02/2013, Utilization Review modified a prescription for physical therapy for the lumbar spine (12 sessions), based on lack of medical necessity. The requested number of visits exceeds the recommended number established by the guidelines. The CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

### 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 2 x per week x 6 weeks: Upheld**

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

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

**Decision rationale:** The patient presents with persistent back pain and spasms along with limited range of motion of the lumbar spine, as per progress report dated 11/21/13. The request is for PHYSICAL THERAPY 2 X WK X 6 WKS LUMBAR SPINE. The patient is status post artificial disc replacement at C2-C5 on 02/05/13. The patient is temporarily totally disabled, as per the same progress report. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient is status post artificial disc replacement at C2-C5 on 02/05/13. The current request is dated 11/21/14, indicating that the patient is not within the post-operative time frame of six months, as required by MTUS. In the progress report dated 09/09/13, the treater states that the patient "has just started another course of 12 visits of physical therapy." In progress report dated 09/30/13, the treater evaluated the physical therapy report and indicated that the patient has "noticed improvement in her postural awareness and scar mobility." She no longer has the throbbing pain she had in her legs while walking. There is more flexibility in the lower extremities as well. However, the patient continues to have significant pain in her back and may benefit from additional therapy. While physical therapy is helping the patient to some extent, the treater's request for 12 sessions exceeds what is allowed by MTUS in the non-operative cases. The request IS NOT medically necessary.