

<b>Case Number:</b>	CM14-0219041		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 48 year old male who sustained an industrial injury 07/15/2013. He reported falling about 12 feet down to the ground and hit the back of his head and back. He was treated at the emergency room with fractures at lumbar 3 and lumbar 4 anteriorly. There were possible additional fractures at lumbar 1 and thoracic 12 with some disc bulges at lumbar 3 - lumbar 4 and lumbar 4 - lumbar 5 with a probable foraminal narrowing at those areas, closed head injury and cerebral concussion. He was admitted and had a neurosurgical consult regarding axial spine injuries. The diagnoses have included status fall with lumbar 2, and 4, thoracic 12 and mild lumbar 1 compression fractures, non-displaced fracture extending through the right lumbar 4 inferior articular facet with right lumbar 4-5 facet signs, right lumbar 5 radiculopathy, cervical strain, contusion with current paresthesia's in the left upper extremity and hand and positive MRI for HNP at cervical 6-7. Treatment to date has included MRI's and CAT scans done while in hospital. Other treatment includes medications and physical therapy, lumbar brace, walker and cane. Currently, the IW complains of low back pain, mid back and neck pain. He ambulated with antalgic plantigrade gait. Tenderness was noted at cervical, thoracic and lumbar spine. Lumbar spine range of motion was decreased. The provider requested physical therapy times 16 sessions to lumbar spine. On 12/12/2014 Utilization Review modified the request for physical therapy times 8 sessions to lumbar spine noting the requested number of visits in addition to prior visits exceeds the duration recommendations. The MTUS, ACOEM Guidelines, and ODG were cited. 12/31/2014 the injured worker submitted an application for IMR for review of the request for physical therapy times 16 sessions to lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98.

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic low back pain. Recommendations state that for most patients with more severe acute and subacute low back pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed 8 physical therapy sessions with no documentation of increased functional mobility, decreased pain ,or decreased use of analgesic medication. There is no specific indication for 8 more sessions. Medical necessity for the requested additional 8 physical therapy sessions has not been established. The requested service is not medically necessary.