

<b>Case Number:</b>	CM15-0112903		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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:

This is a 48 year old male with an April 12, 2013 date of injury. A progress note dated March 20, 2015 documents subjective complaints (constant neck pain rated at a level of 7/10 with radiation to the bilateral upper extremities with associated pins and needles sensation; numbness and tingling on the left shoulder blade; constant lower back pain rated at a level of 7/10 with radiation to the bilateral lower extremities, left more than right, with associated numbness and tingling; pins and needles as well as burning sensation in the bilateral lower extremities, right more than left), objective findings (well healed incisions; diffuse weakness of the upper and lower extremities as well as spasticity throughout including positive Hoffman's test, Romberg's test, and Clonus), and current diagnoses (critical stenosis of the lumbosacral spine; desiccation at L1-L2 and L2-L3; chronic pain with secondary manifestations). Treatments to date have included cervical spine fusion with improved neck pain and some residual arm pain, lumbar spine laminectomy, physical therapy with slow progress, and medications. The treating physician documented a plan of care that included physical therapy for the cervical spine and postoperative lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy treatment 2x4 for the cervical and postoperative lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - low back pain and therapy.

**Decision rationale:** According to the ODG guidelines, therapy is recommended for 16 sessions over 8 weeks for a laminectomy and 24 sessions over 16 weeks for cervical fusion. In this case, the surgeries were several months ago. The claimant had completed over 22 sessions of therapy. There was no indication that additional therapy cannot be completed at home. The request for additional therapy exceeds the guideline recommendations and is not medically necessary.