

<b>Case Number:</b>	CM15-0119844		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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  
 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:

The injured worker is a 46 year old male, who sustained an industrial injury on August 8, 2013. Treatment to date has included epidural steroid injection, physical therapy, home exercise and medications. The documentation reveals the injured worker had physical therapy from 1/26/2015 to 2/16/2015 for a total of six physical therapy visits. The documentation reveals he was independent with home exercise at the conclusion of the six visits. Further documentation reveals he initiated additional physical therapy on May 18, 2015. His treatment included home exercise, ther-ex in gym, manual therapy and heat therapy. Currently, the injured worker complains of low back pain and neck pain. The injured worker had an epidural steroid injection of the cervical spine and noted that his left arm symptoms had resolved. He reported that physical therapy is significantly helping with his pain. He rates his low back and neck pain a 5 on a 10-point scale. On physical examination, the injured worker has tenderness to palpation over the lumbar spine and a decreased range of motion with spasm noted. He exhibited a decreased range of motion of the cervical spine. X-rays of the lumbar spine and cervical spine revealed lumbar degenerative disc disease at L4-5 and herniated nucleus pulposus of C6-7 with myelopathy. An MRI of the lumbar spine on July 24, 2014 revealed L3-4 and L4-5 degenerative disc disease. An MRI of the cervical spine revealed a severe foraminal stenosis at C6-7. The diagnoses associated with the request include lumbar sprain/strain. The treatment plan includes work modifications, continued physical therapy of the cervical and the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 2 x 6 for cervical/lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines (Lumbar).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Additional Physical therapy 2 x 6 for cervical/lumbar spine is not medically necessary and appropriate.