

<b>Case Number:</b>	CM15-0064512		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Pain Management

### 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 63 year old male who sustained an industrial injury on 09/23/2010. Diagnoses include status post lumbar decompression and fusion, cervical radiculopathy, and left shoulder impingement syndrome. Treatment to date has included diagnostic studies, surgery, medications, work restrictions, rest, home exercise program, chiropractic therapy, and physical therapy. A physician progress note dated 03/11/2015 documents the injured worker is 5 months following lumbar decompression and fusion. He rates his pain as 5 out of 10. Prior to surgery he was 7 out of 10. He complains of persistent neck pain, which radiates to his shoulders. Treatment plan is for continued physical therapy to the lumbar spine, epidural injections for the cervical spine, Omeprazole for gastritis, and Tramadol for flare up episodes. Treatment requested is for 16 physical therapy visits for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 physical therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG, Low Back Chapter, PT.

**Decision rationale:** In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. A review of the submitted documentation fails to reveal the details of any of the aforementioned points that would be critical in order to authorize additional therapy. Therefore, additional physical therapy is not medically necessary.