

<b>Case Number:</b>	CM15-0077556		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 51-year-old female, who sustained an industrial injury on 11/15/2013. The current diagnoses are status post fusion L4-5 with decompression and small seroma on top of lumbar would. According to the progress report dated 4/8/2015, the injured worker complains of muscle spasms in her low back and leg intermittently. The current medication list was not available for review. Treatment to date has included medication management, X-rays, physical therapy, and surgical intervention. The plan of care includes 12 additional physical therapy sessions to the cervical/lumbar spine. Notes indicate that the patient has completed 19 visits of therapy as of May 5, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical therapy visits for the Cervical Spine and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, Postsurgical Treatment Guidelines Page(s): 722.1.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional 12 Physical therapy visits for the Cervical Spine and Lumbar Spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by ODG for the cervical spine and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 12 Physical therapy visits for the Cervical Spine and Lumbar Spine are not medically necessary.