

<b>Case Number:</b>	CM13-0038343		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45 year-old male sustained an injury on 3/13/07 while employed by [REDACTED]. Request under consideration is for PT to Lower Back Area. Report of 9/23/13 from [REDACTED] noted patient with persistent low back pain and needs refill of pain medication. Exam noted tenderness, spasm, and tightness; motion is reduced (not specified); uses cane for gait assistance; decreased sensation to right lower extremity with heel to toe walk pain and weakness on sciatic stretch; inability to heel to toe maneuver; weakness against leg extension (not specified). Treatment waiting for authorization for hardware removal request and Norco. Request for PT to lower back was non-certified on 10/7/13 citing guidelines criteria and lack of medical necessity. Report of 11/18/13 from [REDACTED] is brief and illegible. Subjective complaints noted "patient -- ? Hardware block last visit helped 3-4 weeks"; objective findings noted "L/s s/p sx. --?/ --? Hardware, lump, uses cane, positive SLR." Diagnosis was s/p lumbar fusion. Treatment plan included refill meds; rest is illegible. Continue psyche; Patient remained off work. Review indicates a hardware block at L5-S1 requested on 12/21/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) of the Lower Back Area:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Physician Reviewer's decision rationale: This 45 year-old male sustained an injury on 3/13/07 while employed by [REDACTED]. Request under consideration is for PT to Lower Back Area. Report of 9/23/13 from [REDACTED] noted patient with persistent low back pain and needs refill of pain medication. Exam noted tenderness, spasm, and tightness; motion is reduced (not specified); uses cane for gait assistance; decreased sensation to right lower extremity with heel to toe walk pain and weakness on sciatic stretch; inability to heel to toe maneuver; weakness against leg extension (not specified). Treatment waiting for authorization for hardware removal request and Norco. 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 work 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 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received extensive therapy sessions for this 2007 injury without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 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 request for PT to Lower Back Area is not medically necessary and appropriate.