

<b>Case Number:</b>	CM13-0062791		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & 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 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/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 patient sustained an injury on 11/5/12 while employed by [REDACTED]. Request(s) under consideration include ADDITIONAL PHYSICAL THERAPY 2 TIMES 4 FOR THE LUMBAR SPINE. Diagnosis list sprain of neck/ left-sided radiculitis; thoracic and lumbar sprain/strain with left-sided radiculopathy; depression/anxiety. The patient continues to treat for chronic ongoing neck and low back pain. Conservative care has included medications, TENS unit, heating pad, therapy, and modified activities/rest. Report of 10/29/13 from the provider noted the patient has completed 8 PT sessions on 10/10/13; been using TENS and heating pad. Medications taken include Norco, Celebrex, and Skelaxin. The patient denied any new injuries. Pain continued in the neck, upper and lower back radiating to left leg with associated numbness and tingling to left buttock, left leg, and left foot. Exam showed cervical spine with TTP over left C5-7, left upper trapezius, left levator scapula and left rhomboid; pain with flexion/extension maneuvers; decreased sensory over ulnar half of left hand, middle, and ring fingers; thoracic spine with tenderness over midline T5-8; lumbar spine with TTP over midline L2-S1, bilateral L5-S1, left sciatic notch, posterior thigh, left posterior calf, and plantar surface of left foot; pain with flex/ext and bilateral lateral flexion; decreased sensation diffusely over left plantar foot and all toes. Report of 2/17/14 from the provider noted unchanged continued low back pain. Exam showed unchanged findings of October 2013 visit with same diagnoses. Norco and Celebrex medications were refilled The request(s) for ADDITIONAL PHYSICAL THERAPY 2 TIMES 4 FOR THE LUMBAR SPINE was non-certified on 11/12/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2 TIMES 4 FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, ,

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

**Decision rationale:** This patient sustained an injury on 11/5/12 while employed by [REDACTED]. Request(s) under consideration include Additional Physical Therapy 2 Times 4 for the Lumbar Spine. Diagnosis list sprain of neck/ left-sided radiculitis; thoracic and lumbar sprain/strain with left-sided radiculopathy; depression/anxiety. The patient continues to treat for chronic ongoing neck and low back pain. Conservative care has included medications, TENS unit, heating pad, therapy, and modified activities/rest. Report of 10/29/13 from the provider noted the patient has completed 8 PT sessions on 10/10/13; been using TENS and heating pad. Medications taken include Norco, Celebrex, and Skelaxin. The patient denied any new injuries. Pain continued in the neck, upper and lower back radiating to left leg with associated numbness and tingling to left buttock, left leg, and left foot. Exam showed cervical spine with TTP over left C5-7, left upper trapezius, left levator scapula and left rhomboid; pain with flexion/extension maneuvers; decreased sensory over ulnar half of left hand, middle, and ring fingers; thoracic spine with tenderness over midline T5-8; lumbar spine with TTP over midline L2-S1, bilateral L5-S1, left sciatic notch, posterior thigh, left posterior calf, and plantar surface of left foot; pain with flex/ext and bilateral lateral flexion; decreased sensation diffusely over left plantar foot and all toes. Report of 2/17/14 from the provider noted unchanged continued low back pain. Exam showed unchanged findings of October 2013 visit with same diagnoses. Norco and Celebrex medications were refilled. The request(s) for Additional Physical Therapy 2 Times 4 for the Lumbar Spine was non-certified on 11/12/13. 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 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 Times 4 for the Lumbar Spine is not medically necessary and appropriate.