

<b>Case Number:</b>	CM14-0007519		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/09/2006
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational Medicine 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:

The patient is a 63 year old male who has submitted a claim for lumbar herniated nucleus pulposus and bilateral wrist carpal tunnel syndrome associated with an industrial injury date of June 9, 2006. Medical records from 2007-2013 were reviewed. The patient complained of chronic low back pain. The pain radiates to the lower extremities. The pain was aggravated by heavy lifting, repetitive bending, standing and sitting for prolonged periods, going up and down the stairs, and squatting. Physical examination showed tenderness on lumbar paraspinal muscles. There was also noted rhomboid muscle tightness. Range of motion of the lumbar spine was limited. Straight leg raise test was positive on the right. There was also noted extensor hallucis longus weakness. MRI of the lumbar spine dated April 2, 2010 revealed multilevel degenerative disease, moderate to severe spinal stenosis at L4-L5, and grade I anterolisthesis at L4-L5. Treatment to date has included medications, physical therapy, home exercise program, activity modification, left elbow surgery, and lumbar epidural steroid injection. A utilization review dated December 31, 2013 denied the request for additional PT 2x6 for lumbar spine because the patient has exceeded the guideline total of 10 PT visits over an 8 week period and there was no evidence of a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2X6 FOR LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation the ODG Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Low Back Section, Physical therapy.

**Decision rationale:** As stated on pages 98-99 of the MTUS Chronic Pain Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, the Official Disability Guidelines (ODG) recommend 10 physical therapy visits over 8 weeks for intervertebral disc disorders and fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. In this case, the patient has persistent low back pain. A recent progress report dated December 20, 2013 stated that physical therapy in the past was helpful with the patient's muscle tightness. Based on the submitted medical records, the patient underwent numerous physical therapy sessions since 1998. However, there is no description regarding objective benefits derived from these sessions. Moreover, there is no treatment plan with defined functional gains and goals for re-enrollment to the program. It is unclear as to why additional physical therapy is needed. It is not clear from the submitted medical records if there is acute exacerbation of symptoms, which may necessitate additional PT. Therefore, the request is not medically necessary.