

<b>Case Number:</b>	CM14-0015946		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 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 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 30 year-old male warehouse driver sustained an injury on 11/9/09 while employed by [REDACTED]. Request under consideration include PHYSICAL THERAPY LUMBAR. Diagnoses include Lumbago. EMG/NCV of 2/25/10 had normal impression with no evidence of radiculopathy or neuropathy. MRI of the Lumbar spine dated 12/30/09 showed mild facet degeneration at lower lumbar levels without significant disc bulge, herniation, canal stenosis or foraminal encroachment. QME re-evaluation dated 5/13/13 noted patient was P&S and can return to his regular work without indication for vocational rehabilitation. The patient is not a surgical candidate and should be weaned off Methadone. Future medical include regular back exercise program at home. The patient continues to treat for chronic pain complaints. Reports from the provider noted patient with ongoing chronic lower back with radiating down the right posterior leg. Exam indicates tenderness to palpation of right sacroiliac joint; lumbar facet tenderness; muscle spasms; dysesthesias at right L5-S1 dermatome; motor strength of 5/5 in bilateral lower extremities. Diagnoses include chronic low back pain; lumbar facetar arthritis; right sacroiliitis; possibility of lumbar radiculopathy; and myofascial pain. The request for Physical Therapy lumbar was non-certified on 1/24/14 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:

**PHYSICAL THERAPY LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK.

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

**Decision rationale:** The 30 year-old male warehouse driver sustained an injury on 11/9/09 while employed by [REDACTED]. Request under consideration include Physical Therapy lumbar. Diagnoses include Lumbago. EMG/NCV of 2/25/10 had normal impression with no evidence of radiculopathy or neuropathy. MRI of the Lumbar spine dated 12/30/09 showed mild facet degeneration at lower lumbar levels without significant disc bulge, herniation, canal stenosis or foraminal encroachment. QME re-evaluation dated 5/13/13 noted patient was P&S and can return to his regular work without indication for vocational rehabilitation. The patient is not a surgical candidate and should be weaned off Methadone. Future medical include regular back exercise program at home. The patient continues to treat for chronic pain complaints. Reports from the provider noted patient with ongoing chronic lower back with radiating down the right posterior leg. Exam indicates tenderness to palpation of right sacroiliac joint; lumbar facet tenderness; muscle spasms; dysesthesias at right L5-S1 dermatome; motor strength of 5/5 in bilateral lower extremities. Diagnoses include chronic low back pain; lumbar facetar arthritis; right sacroiliitis; possibility of lumbar radiculopathy; and myofascial pain. 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 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. Panel QME has also not recommended any physical therapy under future medical provision, but for the patient to continue with the home exercise program. The Physical Therapy lumbar is not medically necessary and appropriate.