

<b>Case Number:</b>	CM14-0160658		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 & 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 64 year-old patient sustained an injury on 11/12/14 when trying to retrieve his badge from the floor and the chair rolled out from under him while employed by [REDACTED]. Request(s) under consideration include Additional Physical Therapy for lumbar spine (2x4) 8 sessions. Diagnoses include lumbago and lumbosacral neuritis. MRI of the lumbar spine dated 8/5/14 showed no fracture; multilevel 2-3 mm disc bulge at L1-3, L4-5, L5-S1 and 4-5 mm disc bulge with facet hypertrophy; no evidence of central canal stenosis. Report of 9/4/14 from the provider noted the patient with constant low back, left hip, buttocks and leg pain rated at 10/10. Exam showed lumbar flex/ext/rotation of 50/0/5 degrees; tenderness to palpation over lumbar spine and left SI joint; mildly positive SLR on left; difficulty assessing for DTRs secondary to obesity. Medications list Norco, Ibuprofen, and Butrans patch. X-rays of lumbar spine showed degenerative changes. The patient has received 6 previous PT sessions. The request(s) for Additional Physical Therapy for lumbar spine (2x4) 8 sessions was modified for 3 sessions on 9/26/14 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:

**Additional Physical Therapy for lumbar spine (2x4) 8 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Guidelines -Allow for fading of treatment frequency (from.

**Decision rationale:** 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 deficits to support for further treatment beyond the sessions already rendered. Clinical reports submitted had no focal neurological deficits or ADL limitation to support for further therapy treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals when the patient has no defined deficits. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated necessity or indication 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 should be transitioned to an independent home exercise program. Submitted reports have not adequately demonstrated the indication to support for the additional physical therapy. The Additional Physical Therapy for lumbar spine (2x4) 8 sessions is not medically necessary and appropriate.