MAXIMUS Federal Services

| Case Number: | CM14-0172192 | | |
|---|---|---|---|
| Date Assigned: | 10/23/2014 | Date of Injury: | 06/30/1999 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

## 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a cumulative trauma work injury to the low back with date of injury of 06/30/99. After no improvement with a course of conservative treatments an MRI in April 2000 was obtained with findings of an L5-S1 disc protrusion. She underwent an L5-S1 microdiscectomy in August 2000 and then a lumbar decompression and fusion in October 2000 without reported improvement. In December 2013 the lumbar spine fusion hardware was removed. She continues to be treated with a diagnosis of failed back surgery syndrome. She was seen on 02/24/14. She was having mild bilateral leg pain. Her back pain had increased. Pain was rated at 9/10. Physical examination findings included an antalgic gait with decreased lumbar spine range of motion. Medications were prescribed. She was to participate in a course of physical therapy. The claimant was evaluated for physical therapy on 03/04/14. As of 03/10/14 she was being treated three times per week. She was progressing towards her goals. She was seen by the requesting provider on 09/19/14. She was having low back pain with occasional lower extremity radicular symptoms. Pain was rated at 7/10. Medications were reported as helping. Physical examination findings included lumbar paraspinal muscle and mid-line tenderness with decreased range of motion. There was abnormal lower extremity sensation with normal strength and gait. Authorization for additional physical therapy was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Chronic pain, Physical Medicine treatment, Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 10 years status post work-related injury with three lumbar spine surgeries with hardware removal in December 2013 followed by post-operative physical therapy. She continues to be treated for chronic low back pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program. The additional physical therapy was not medically necessary.