

<b>Case Number:</b>	CM14-0020824		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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:

This patient sustained a low back injury on 3/1/12 from pulling trash out of a compactor while employed by [REDACTED]. Request(s) under consideration include PHYSICAL THERAPY LUMBAR SPINE. Diagnoses include lumbosacral spondylosis s/p L3-S1 fusion on 8/24/12 with discectomy, decompression, hardware removal with arthrodesis, use of bone graft and corpectomy on 7/16/13. Conservative care has included medications, PT, Lumbar ESI, back brace, and modified activities/rest. Report of 9/13/13 showed x-rays with good hardware position. CT of lumbar spine dated 4/15/13 showed no hardware fracture with intact instrumented fusion with hardware and mild to moderate canal spinal stenosis at L3-4 and bony foraminal stenosis at L4-S1. Medications list Flexeril, Ultram, and Norco. Examnoted lumbar spine spasm with TTP; and unremarkable neurological findings. The request(s) for PHYSICAL THERAPY LUMBAR SPINE was non-certified on 2/11/14 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 Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Treatment Guidelines.

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

**Decision rationale:** This patient sustained a low back injury on 3/1/12 from pulling trash out of a compactor while employed by [REDACTED]. Request(s) under consideration include Physical Therapy Lumbar Spine. Diagnoses include lumbosacral spondylosis s/p L3-S1 fusion on 8/24/12 with discectomy, decompression, and hardware removal with arthrodesis, use of bone graft and Corpectomy on 7/16/13. Conservative care has included medications, PT, Lumbar ESI, back braces, and modified activities/rest. Report of 9/13/13 showed x-rays with good hardware position. CT of lumbar spine dated 4/15/13 showed no hardware fracture with intact-instrumented fusion with hardware and mild to moderate canal spinal stenosis at L3-4 and bony foraminal stenosis at L4-S1. Medications list Flexeril, Ultram, and Norco. Exam noted lumbar spine spasm with TTP; and unremarkable neurological findings. The request(s) for Physical Therapy Lumbar Spine was non-certified on 2/11/14. Records indicated the patient has received at least 36 post-op PT sessions with last 12 certified on 1/31/14, now over one year from last surgery without functional improvement; thereby, chronic guidelines apply. 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. The Physical Therapy Lumbar Spine is not medically necessary and appropriate.