

<b>Case Number:</b>	CM14-0031453		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 57-year-old male who reported an injury on 06/30/2008. The mechanism of injury was lifting and twisting. The injured worker's initial course of treatment is unclear. The injured worker is noted to have complaints of lower back pain, headaches, sexual dysfunction, right hip and knee pain, and insomnia. The patient has received prior courses of physical therapy, which reportedly provided him with no benefit; however, he states that performance of a home exercise program does provide him with moderate relief. The injured worker also received facet joint injections and radiofrequency ablations, epidural steroid injections, and 2 lumbar laminectomies prior to the most recent exam of 06/2008. The injured worker reports that the epidural steroid injections did not provide him with long-term pain relief, and no discussion was provided regarding the effect of the facet joint or radiofrequency procedures. The patient has been managed under a chronic pain specialist and reports progression of lower back pain over time; however, the injured worker denies any neurological symptoms, including numbness, incontinence, saddle anesthesia, or foot drop. The most recent physical examination was focused on the lumbar spine and revealed flexion of 44 degrees, limited by pain; extension of 18 degrees, limited by pain; right lateral bending of 15 degrees; and left lateral bending of 10 degrees. The injured worker exhibited a normal heel and toe walk, had positive lumbar facet loading, had 4/5 muscle strength on the right lower extremity, and had intact sensation and reflexes throughout. There were no physical examinations performed that included a focused assessment of the bilateral knees, and there were no subjective complaints regarding this body region as well. It was noted that the injured worker was recently prescribed with a course of 7 sessions of physical therapy; however, there was no discussion regarding its effect.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 OUTPATIENT PHYSICAL THERAPY SESSION TO THE LUMBAR SPINE, 2 TIMES A WEEK FOR 4 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend up to 10 visits of physical therapy to treat an unspecified myalgia or myositis, after an initial 6 visits have been determined effective. The clinical information submitted for review provided evidence that the injured worker has received a recent course of 7 sessions of physical therapy; however, no physical therapy notes were submitted for review, and no discussion was contained within the medical records reviewed, regarding the injured worker's progress or benefit received to date. Additionally, the range of motion values for the lumbar spine provided in the clinical notes, indicate that the injured worker had flexion of 40 degrees, extension of 15 degrees, right lateral bending of 15 degrees, and left lateral bending of 10 degrees on 01/16/2014. Follow-up measurements include 44 degrees of flexion, 18 degrees of extension, and unchanged right lateral bending on 03/13/2014. After 7 sessions of physical therapy, this does not provide evidence of significant improvement. Furthermore, there was no pain levels provided for review. Without information regarding the body region to be treated, and therapy notes indicating the injured worker's progress, additional therapy is not indicated. The request for 8 outpatient physical therapy sessions to the lumbar spine, twice a week for 4 weeks, is not medically necessary and appropriate.