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| <b>Case Number:</b>   | CM14-0045550 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 02/15/2012 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 03/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/02/2014 |

### 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 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 is a 53-year-old male who sustained a remote industrial injury on 02/15/12 diagnosed with status post L5-S1 laminectomy in 1988 from a preexisting injury, low back pain, and lumbar radiculopathy. Mechanism of injury occurred when the patient stepped into a rabbit hole and fell 20 feet down a hill, resulting in loss of consciousness for 15-20 minutes and injuring his head, low back, right shoulder, thoracic spine, and neck. The request for Physical therapy for back for 12 sessions was modified at utilization review to certify 2 sessions of physical therapy to allow for functional improvement, as the patient only completed 6 sessions of physical therapy for the back in 2012. The most recent progress note provided is 06/18/14. Patient complains primarily of persistent pain in the low back greater than bilateral lower extremity pain. Physical exam findings reveal decreased sensation in the right S1 distribution; severe pain with lumbar extension and rotation at the bilateral L4-5 and L5-S1 levels; mild tenderness to palpation throughout the lumbar spine; and the patient is unable to walk on his heels and toes. Current medications include: Oxycontin, Percocet, Motrin, Pravastatin, Metformin, Atenolol, and Gemfibrozil. It is noted that lumbar fusion surgery was not approved but the patient will undergo medical branch blocks. Provided documents include previous progress reports, previous Utilization Reviews, physical therapy notes that are handwritten and barely legible, an Agreed Medical Evaluation that recommends postoperative physical therapy if the patient has lumbar spine surgery, several requests for authorizations, another Agreed Medical Re-Evaluation, work status reports, and procedure reports. A previous progress report, dated 04/16/14, highlights that the 2 authorized sessions of physical therapy for the low back provided some relief. The patient's previous treatments include physical therapy, medications, medial branch blocks, epidural steroid injections, cold therapy unit and right shoulder surgery. Imaging studies provided include an MRI of the right shoulder, performed on 01/07/13. The impression of this MRI reveals severe

undersurface partial tears of the supraspinatus and infraspinatus tendons and a likely tiny full-thickness tear component. A right shoulder MRI prior to surgery is also provided for review. An MRI of the lumbar spine, performed on 11/20/12, is referenced as revealing a posterior osteophyte formation at L5-S1, causing indentation on the left S1 traversing nerve root with bilateral neuroforaminal stenosis. Facet arthrosis is also visible.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for back for 12 sessions:** Upheld

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

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

**Decision rationale:** According to CA MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation, including previous utilization reviews, notes that the patient has participated in physical therapy in the past. However, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Further, the patient recently completed 2 additional sessions of physical therapy resulting in some pain relief but objective functional improvement is not documented. Lastly, the frequency of therapy sessions requested is not specified. For these reasons, medical necessity is not supported and the request for Physical therapy for back for 12 sessions is not medically necessary.