

<b>Case Number:</b>	CM14-0080696		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 56 year-old patient sustained an injury on 12/8/11 from stepping on a planter, lost her balance and fell while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 x 8 Low Back. Lumbar spine MRI showed multilevel disc degeneration and small cyst at L4-5. Conservative care has included physical therapy (10 sessions from March-May 2013 with 12 more PT sessions certified in August 2013); medications, and modified activities/rest. Report of 5/6/14 from the provider noted ongoing chronic low back axial pain rated at 6/10 with medications and 10/10 without. Medications list Tramadol, Wellbutrin, Lexapro, Norvasc, and Tramadol ER. Exam showed thoracic and lumbar tenderness with diffuse decreased range of motion. Treatment included Tramadol refill and PT of 16 sessions. Request(s) for Physical Therapy 2 x 8 Low Back was non-certified on 5/20/14 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 2 x 8 Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This 56 year-old patient sustained an injury on 12/8/11 from stepping on a planter, lost her balance and fell while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 x 8 Low Back. Lumbar spine MRI showed multilevel disc degeneration and small cyst at L4-5. Conservative care has included physical therapy (10 sessions from March-May 2013 with 12 more PT sessions certified in August 2013); medications, and modified activities/rest. Report of 5/6/14 from the provider noted ongoing chronic low back axial pain rated at 6/10 with medications and 10/10 without. Medications list Tramadol, Wellbutrin, Lexapro, Norvasc, and Tramadol ER. Exam showed thoracic and lumbar tenderness with diffuse decreased range of motion. Treatment included Tramadol refill and PT of 16 sessions. Request(s) for Physical Therapy 2 x 8 Low Back was non-certified on 5/20/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. 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. There is unchanged chronic symptom complaints, clinical findings, and work status. The patient has had at least 22 PT sessions in 2013. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. 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 patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The request for Physical Therapy 2 x 8 Low Back is not medically necessary and appropriate.