

<b>Case Number:</b>	CM15-0003861		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 24 year old male, who sustained an industrial injury on November 27, 2013. He has reported an injury to the lower back after a fall. The diagnoses have included lumbar strain/radiculitis. Treatment to date has included pain management, physical therapy, chiropractic therapy, epidural steroid injections. An MRI of the lumbar spine on February 7, 2014 revealed small protrusion of the L5-S1 with no impingement and electro-diagnostic studies performed 4/16/2014 revealed L5-S1 radiculopathy. Currently, the injured worker complains of continued low back pain and radicular lower extremity pain with gait impairment. He continues to use a single point cane. The injured worker reported that topical Ketamine 5% cream was beneficial when applied to his posterior thigh. He completed six weeks of a Northern California Functional Restoration Program in November 2014 and the evaluating physician requested six aftercare sessions at the Functional Restoration program to facilitate strengthening of the lower extremities and to improve his gait pattern. During the Functional Restoration Program the injured worker received significant functional gains including improved strength, pain relief and decreased pain interference. The evaluating physician noted that there was no clearly identifiable need for continued program participation and that the injured worker would be able to transition to an independent maintenance program. On the 12/1/2014 clinic report, there was subjective complaint of bilateral lower extremities pain, cramping and insomnia. The patient was still using a Cane for ambulation. The medications listed are Norflex, Flexeril, Neurontin, Tizanidine, Venlafaxine, Ambien and Sonata. A Psychiatry evaluation was requested to address the persistent insomnia. On December 22, 2014 Utilization Review non-certified a request for

physical therapy of the lumbar spine, noting that per the functional restoration program discharge note 151 hours of functional restoration program was apparently not adequate and the patient required additional aftercare. It was unclear what additional lower level physical therapy would accomplish at this time or why the function restoration program was not successful. The Official Disability Guidelines were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of physical therapy of the lumbar spine.

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

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

#### **6 Additional Physical Therapy Sessions Lumbar: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22,30-34,96-99. Decision based on Non-MTUS Citation Pain Chapter Physical Therapy

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Physical Therapy treatments can be utilized for the treatment of exacerbation of musculoskeletal pain. Physical Therapy treatments can result in decreased pain, reduction in medication utilization and functional restoration. The records indicate that the patient completed 150 hours of Functional Restoration Program. The post program clinic visit did not show any reduction in pain or decrease in medication utilization. The patient was still utilizing a Cane for ambulation. There is a pending request for Psychiatric evaluation and treatment of the psychosomatic symptoms. The guidelines recommend that patient continue on a home exercise program following supervised Functional Restoration and Physical Therapy programs. The criteria for Additional 6 PT sessions for lumbar spine was not met.