

<b>Case Number:</b>	CM15-0006004		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old male who reported an injury on 04/21/2006. The mechanism of injury was not provided. He is diagnosed with chronic pain and postlaminectomy syndrome. His past treatments were noted to include a laminectomy and fusion of the lumbar spine, epidural steroid injections, spinal cord stimulator, medications, physical therapy, cognitive behavioral therapy, participation in a home exercise program, use of a lumbar corset, and use of a cane. The submitted documentation included conflicting documentation regarding the injured worker's history of physical therapy and other treatments. At his followup visit with his orthopedist on 10/10/2014, the injured worker's history was noted to include a lumbar epidural steroid injection on 05/16/2014, a spinal cord stimulator placement, and lumbar surgery. However, under the history of treatment section, it is stated that the injured worker denied chiropractic, physical therapy, acupuncture, injections, and surgery. Then, an 11/20/2014 appeal letter in regard to a request for physical therapy, stated that the injured worker had not undergone any prior physical therapy. However, the 12/02/2014 followup note, signed by the same provider, stated that the injured worker had tried physical therapy; and the provider felt further physical therapy treatment was warranted to evaluate and treat his worsening parascapular pain. At this visit, the injured worker's symptoms were noted to include constant low back pain with left leg numbness. Physical examination revealed decreased flexion and extension of the lumbar spine, as well as decreased motor strength to 4+/5 throughout the left lower extremity. A recommendation was made for physical therapy due to the injured worker's worsening parascapular pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** According to the California MTUS Guidelines, up to 10 sessions of physical therapy may be recommended to promote functional gains in patients with unspecified radiculitis and/or myalgia. The clinical information submitted for review indicated that the injured worker has low back pain with radiating symptoms, as well as worsening parascapular pain. However, no additional documentation addresses complaints related to the parascapular area. There was also no evidence of functional deficits related to the upper back/parascapular region. The injured worker was noted to have objective functional deficits related to the lumbar spine, to include decreased range of motion and decreased motor strength in the left lower extremity. The documentation contained conflicting information regarding whether or not the injured worker had previous physical therapy. However, the most recent note indicated he had tried physical therapy. Details regarding his past physical therapy were not provided, to include the number of visits previously completed; and whether objective functional improvement was achieved with previous treatment. In the absence of these details, as well as further documentation regarding the parascapular pain noted as a rationale for physical therapy, the request is not supported. In addition, the request for 12 sessions of physical therapy exceeds the guidelines recommendation of a maximum of 10 physical therapy visits for chronic pain. Therefore, the request is not medically necessary.