

<b>Case Number:</b>	CM15-0101976		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/18/2015
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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

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 30 year old female, who sustained an industrial injury on February 18, 2015. The injury occurred while the injured worker was lifting a tote and then twisted to put it down. The injured worker has been treated for low back complaints. The diagnoses have included lumbar disc herniation, lumbar bulging discs, lumbosacral sprain and lumbar neuralgia/neuritis. Treatment to date has included medications, radiological studies, MRI, chiropractic treatment, hot/cold treatments, physical therapy and a back support. Current documentation dated April 29, 2015 notes that the injured worker reported intermittent sharp low back pain with radiation to the right buttock. The injured worker denied numbness and tingling of the lower extremities. Examination of the lumbar spine revealed tenderness of the paraspinal musculature. A Patrick's test was noted to be positive on the right. There was no restriction noted with range of motion. The injured worker ambulated with a normal gait. The injured worker was noted to not be improving. The treating physician's plan of care included a request for physical therapy three times a week for four weeks to the lower back and a referral to a pain specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 lower back:** Upheld

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

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

**Decision rationale:** 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 3x4 lower back is not medically necessary and appropriate.

**Referral to Pain Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7-Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** This patient sustained a low back injury and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Referral to Pain Specialist is not medically necessary and appropriate.

