

<b>Case Number:</b>	CM15-0103035		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 45-year-old female, with a reported date of injury of 03/08/2012. The diagnoses include chronic lumbar strain. Treatments to date have included physical therapy, oral medications, and T4-L spinal fusion. The progress report dated 05/07/2015 indicates that the injured worker reported doing about the same as the last visit. The visit was for follow-up of low back pain. Her pain level was 3 out of 10. It was noted that the injured worker had completed six physical therapy sessions; she had not been working; and had been doing home exercises. The objective findings include tenderness and muscle spasm of the lumbar spine, negative straight leg raise test, and decreased lumbar spine range of motion. The injured worker status was the same with modification. The physical therapy report dated 04/19/2015 indicates that the injured worker demonstrated improvements in terms of lumbar spine range of motion. It was noted that given the chronicity and nature of the injured worker's condition, it was anticipated that progress would be slowed in achieving her goals for pain reduction and flexibility. The providers would begin to transition the injured worker to a more intense postural re-education program while continuing to address her lumbar spine flexibility deficits. It was recommended that she be seen for an additional twelve visits to help address the aforementioned problems. The treating physician requested physical therapy for work hardening for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks for work hardening for the lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks for work hardening to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is chronic lumbar strain. Documentation shows the injured worker is enrolled in a work hardening program and is receiving physical therapy. The documentation states the injured worker is noncompliant and often a no-show for the scheduled physical therapy sessions. The injured worker indicates she will attend physical therapy when she is "at her best." The primary treating provider is now requesting additional physical therapy for the lumbar spine two times per week times three weeks. There is no objective functional improvement with prior physical therapy. Physical therapy is not indicated for ongoing chronic pain and the injured worker is noncompliant. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. The injured worker should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. Consequently, absent clinical documentation with strict adherence to the work hardening program, ongoing physical therapy, compliance with the work hardening program instructions and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times three weeks for work hardening to the lumbar spine is not medically necessary.