

<b>Case Number:</b>	CM15-0105024		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	08/26/2007
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 63 year old female, who sustained an industrial injury on 8/26/07. She reported low back pain. The injured worker was diagnosed as having a L1 compression fracture status post kyphoplasty with residual back pain, lumbar facet osteoarthritis throughout, and lumbar degenerative disc disease. Treatment to date has included Kyphoplasty on 2/3/08, home exercise, ice/heat application, physical therapy, acupuncture, TENS, massage therapy, and medication. Prior physical therapy was noted to have provided minimal improvement. Physical examination findings on 4/29/15 included tenderness and tightness across the lumbosacral area with no extension due to pain. Flexion was restricted to 50% of normal. Straight leg raises and Patrick's sign were negative. Currently, the injured worker complains of back pain. The treating physician requested authorization for physical therapy 1x6 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 1 time a week for 6 weeks lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

**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 one time per six weeks to the lumbar spine is not medically necessary. Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 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. 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 diagnoses are L1 compression fracture 50%, status post kyphoplasty with residual back pain; lumbar facet osteoarthritis throughout, probably main pain generator at this time; and lumbar degenerative disc disease. The documentation in the medical record indicates the injured worker was certified for 32 sessions of physical therapy status post kyphoplasty. The documentation indicates the worker received 6 sessions with improvement by 50% in the progress note dated May 8, 2015. There were no physical therapy progress notes in the medical record. In a progress note dated May 30, 2015, physical therapy two times per week times five weeks was requested. It is unclear whether all 10 physical therapy sessions were authorized. According to the most recent progress note dated April 29, 2015, the injured worker has a flare-up of low back pain. The pain score was 7-8/10. The treating provider requested physical therapy one time per week times six weeks of the lumbar spine. The documentation indicates the injured worker had 32 prior sessions of physical therapy authorized and six sessions authorized. The latter resulted in a 50% improvement. The injured worker should be well-versed in a home exercise program based on the number of prior physical therapy sessions authorized and received. Additionally, there are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with physical therapy progress notes, objective functional improvement (of prior physical therapy) and compelling clinical documentation indicating additional physical therapy is indicated over the recommended guidelines, physical therapy one time per week times six weeks to the lumbar spine is not medically necessary.