

<b>Case Number:</b>	CM15-0128674		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/28/2004
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 male who sustained an industrial injury on 01-28-2004. According to a progress report dated 05-08-2015, the injured worker reported constant aching, burning, sharp, spasming, and cramping, shooting pain in the lumbosacral junction with occasional radiation to the right lateral thigh. He reported that he had numbness and tingling in the posterior aspect of the right leg. Current pain was rated 10 out of 10. Pain at worst was rated 10 and at best was 9. MRI of the lumbar spine performed on 12-02-2014 showed L5-S1 4 mm disc protrusion with mild bilateral foraminal stenosis right greater than left, mild facet arthropathy. L4-5 showed 1-2 mm disc bulge moderate facet arthropathy and moderate right and mild left foraminal stenosis. L3-4 showed 3 mm disc protrusion with mild bilateral foraminal stenosis and mild facet arthropathy. L2-3 showed 2 mm disc protrusion with mild bilateral foraminal stenosis. L1-2 showed 4 mm right paracentral extrusion. Current medications included Flexeril, Tramadol, and Dendracin lotion, Tylenol, Celexa, Prevacid, Synthroid, Naprosyn and Bentyl. Diagnosis included lumbosacral spondylosis without myelopathy. The treatment plan included bilateral L4-5 diagnostic facet injection, medial branch block, medications, cognitive behavior therapy x 8 and physical therapy for the lumbar spine. On 06-04-2015, Utilization Review non-certified the request for physical therapy of the lumbar spine per 05-08-2015 order. Disability status was noted as permanent and stationary. The injured worker had a disability precluding repetitive bending or twisting at the waist. He was limited to 30 minutes sitting, standing or walking without being able to rest for 30 minutes. Nor lifting or carry more than 10 pounds was noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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 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 lumbosacral spondylosis without myelopathy. Date of injury is January 28, 2004. Request for authorization is May 14, 2015. According to a May 5, 2015 progress note, the injured worker has ongoing back and leg pain. The injured worker was last seen July 2014 (10 months prior). Injured worker received #4 epidural steroid injections without relief. The injured worker is not presently receiving physical therapy. Injured worker was engaged in a home exercise program with swimming. The documentation indicates the injured worker stopped the home exercise program in March 2015 due to lack of energy. Objectively, there is tenderness of the lumbar spine with painful range of motion and positive straight leg raising. Motor function is 5/5. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions to date is not specified. There is no documentation demonstrating objective functional improvement. There were no compelling clinical facts indicating additional physical therapy is clinically indicated (over the recommended guidelines). Additionally, the treating provider did not indicate the number of physical therapy sessions requested and the frequency of physical therapy sessions requested. Based on the clinical information and medical record in the peer-reviewed evidence-based guidelines, physical therapy lumbar spine is not medically necessary.