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| <b>Case Number:</b>   | CM15-0162920 |                              |            |
| <b>Date Assigned:</b> | 08/31/2015   | <b>Date of Injury:</b>       | 07/16/1999 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2015 |

### 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, Pain Management

### 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 56 year old female, who sustained an industrial injury on 7-16-1999. Diagnoses include adjacent segment degenerative disease L5-S1 radiculitis and chronic pain syndrome. Treatment to date has included surgical intervention of the lumbar spine (fusion, undated) and bilateral knees, and implantation of a spinal cord stimulator, as well as conservative treatment including acupuncture, chiropractic care, medications, facet injections L5-S1, heat and ice application, physical therapy, transcutaneous electrical nerve stimulation (TENS), radiofrequency ablation (3-27-2015). Per the Primary Treating Physician's Progress Report dated 7-08-2015, the injured worker reported severe pain in her back with radiation down the bilateral legs. She also reported knee pain. Physical examination of the lumbar spine revealed tenderness at L5-S1 and an antalgic gait. The plan of care included medication refills and pain management evaluation. Authorization was requested for 6 visits of physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical therapy to the lumbar, 2 times a week for 3 weeks for a total of 6 sessions, for symptoms related to lumbar, as an outpatient:** Upheld

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

**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 Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.