

<b>Case Number:</b>	CM15-0168219		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male, who sustained an industrial injury on 7-02-2012, when he was lifting cement blocks. The injured worker was diagnosed as having lumbar facet syndrome, lumbar discogenic disease, chronic low back pain, and left sided sciatica. Treatment to date has included diagnostics, unspecified aquatic therapy, unspecified physical therapy (at least 8 sessions per Agreed Medical Evaluation on 5-27-2015 for his left shoulder and low back- "he was unable to continue as it resulted in increased pain"), mental health treatment, acupuncture, chiropractic, and medications. Currently (6-30-2015), the injured worker complains of chronic low back pain (rated 6 out of 10), neck pain (rated 5 out of 10), left shoulder pain (rated 7 out of 10), and left arm pain. Pain ratings and lumbar spine objective findings were unchanged from the exam on 5-12-2015. It was documented that he failed conservative treatment for the left shoulder in the form of physical therapy and injections. Medications reduced pain by 50% and he was able to do housework and drive short distances. Exam of the lumbar spine revealed positive straight leg raise bilaterally, positive Lasegue sign, lumbar spasm, trace deep tendon reflexes trace at the patella and 1+ at the Achilles bilaterally, and left greater than right leg sciatica. His medications included Ultracet, Anaprox, Flexeril, and Prilosec. His work status remained total temporary disability. Magnetic resonance imaging of the lumbar spine (4-2015) noted multi-level mild degenerative disc disease, compounded by congenital short pedicles, resultant multi-level mild neural foraminal narrowing, greatest at L2-3, and multi-level lateral recess narrowing, moderate degree L2-L5. The treatment plan included

physical therapy for the lumbar spine, 2x6. On 8-03-2015, Utilization Review non-certified a request for physical therapy for the lumbar spine, 2x6.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2xWk x 6 Wks for the lumbar spine, QTY: 12: Upheld**

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

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

**Decision rationale:** Physical Therapy 2xWk x 6 Wks for the lumbar spine, QTY: 12 is not medically necessary per the MTUS Guidelines. The MTUS states that for this patient's condition up to 10 visits of therapy is appropriate with a transition to an independent home exercise program. The documentation indicates that the patient has had prior therapy. There is no evidence of functional improvement from prior therapy. There are no extenuating factors which would necessitate 12 more supervised therapy visits which would further exceed MTUS Guideline recommendations. The request for 12 more PT sessions is not medically necessary.