

<b>Case Number:</b>	CM15-0180611		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/25/1992
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Emergency 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 68 year old male, who sustained an industrial injury on 8-25-1992. The injured worker is being treated for lumbar spinal stenosis, lumbar degenerative disc disease, lumbar spondylosis with myelopathy, spondylolisthesis of lumbar region, and chronic low back pain. Treatment to date has included diagnostics, injections and medications. Per the Primary Treating Physician's Progress Report dated 7-13-2015, the injured worker reported lower back pain that has been occurring in a persistent pattern for years. He reported radiation down both legs. Objective findings of the spine included tenderness to the right and left posterolateral cervical spine with minimal decreased range of motion and minimal tenderness over the lumbar vertebra with decreased range of motion of the lumbar spine. Per the only medical records submitted dated 7-13-2015 and 8-07-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. There is no documentation of any prior physical therapy or functional improvement. The plan of care included medications and physical therapy. Authorization was requested on 7-13-2015 for Neurontin and physical therapy. On 8-07-2015, Utilization Review non-certified the request for physical therapy evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluate and treat: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The requested physical therapy evaluate and treat is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has lower back pain that has been occurring in a persistent pattern for years. He reported radiation down both legs. Objective findings of the spine included tenderness to the right and left posterolateral cervical spine with minimal decreased range of motion and minimal tenderness over the lumbar vertebra with decreased range of motion of the lumbar spine. Per the only medical records submitted dated 7-13-2015 and 8-07-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. There is no documentation of any prior physical therapy or functional improvement. The treating physician has also not documented the medical necessity for a current trial of physical therapy beyond a guideline recommended six sessions and then re-evaluation. The criteria noted above not having been met, physical therapy evaluate and treat is not medically necessary.