

<b>Case Number:</b>	CM15-0182862		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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

### 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 46 year old female, who sustained an industrial injury on 12-10-2007, resulting in pain or injury to the lower back. A review of the medical records indicates that the injured worker is undergoing treatment for pain disorder with both psychological factors and an orthopedic condition and backache not otherwise specified. On 8-18-2015, the injured worker reported chronic progressive pain in her neck, upper back, lower back, bilateral shoulders, right arm, and bilateral hips over the previous eight years. The injured worker reported her neck pain radiated down to her right upper extremity, denying any radiation of her lower back pain down to her lower extremities. The Treating Physician's report dated 8-18-2015, noted the injured worker working with modified duties over the previous year with increased back pain at work reported over the past few months. The injured worker's current medications were listed as Skelaxin, Ibuprofen, Voltaren, Zolof, and Zyrtec. The physical examination was noted to show the injured worker ambulating with a slow gait, with examination of the lumbar spine revealing tenderness to palpation over the lumbar paraspinal muscles consistent with spasms bilaterally. Sensory examination to light touch and pinprick throughout the upper and lower extremities was noted to be intact. Prior treatments have included physical therapy noted to provide improvement of lower back pain, and medications. The treatment plan was noted to include a request for an x-ray series of the lumbar spine and a trial of six visits of physical therapy for lumbago. The single chiropractic treatment note submitted for review dated June 2, 2015, noted the injured worker's progress toward goals included improved range of motion (ROM) and decreased pain and stiffness. The injured worker's remaining deficits were noted to include limited range of motion (ROM) in extension, with right lateral flexion not within

normal limits with pain going to the right shoulder blade. New goals included improving range of motion (ROM) and function with decreased pain and stiffness. The treatment provided was noted as chiropractic adjustments with physical therapy modalities. The request for authorization dated 7-29-2015, requested physical therapy to treat lumbago with stretching, strengthening, modalities as indicated for a trial of six visits to evaluate and treat. The Utilization Review (UR) dated 9-8-2015, denied the request for physical therapy to treat lumbago with stretching, strengthening, modalities as indicated for a trial of six visits to evaluate and treat.

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

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

**Physical therapy to treat lumbago. Stretching, strengthening, modalities as indicated. Trial of six visits to evaluate and treat: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy to treat lumbago. Stretching, strengthening, modalities as indicated. Trial of six visits to evaluate and treat is not medically necessary and appropriate.