

<b>Case Number:</b>	CM15-0187714		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	07/27/2005
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Hawaii

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 53 year old male with an industrial injury date of 07-27-2005. Medical record review indicates he is being treated for sprain lumbar region, spinal enthesopathy, unspecified internal derangement and tear medial meniscus of knee. Subjective complaints (08-19-2015) included "feels worse since the last visit." The pain is described as starting from low back and traveling down both legs with numbness down both legs "all the time." The treating physician indicates the injured worker is in a lot more pain when he is walking or sitting too long. "Patient states that medication does help him sleep through the night." His pain rating was documented as 8 out of 10. Prior record review dating back to 04-15-2015 documents an unchanged pain rating (8 out of 10). His work status is documented as "off work" in the 08-19-2015 report. His medications include Norco, Anaprox and Valium. Prior treatment included left sacroiliac joint injection, acupuncture, lumbar facet block - lumbar 4-5 and lumbar 5-sacral 1, left knee arthroscopy and physical therapy. Physical therapy note dated 12-23-11 documented the following: Patient presents with persistent low back and unresolved left knee post-operative pain. Patient is unable to make significant progress towards goals and is independent in his current home exercise program. In the physical therapy note (05-20-2015 - visit # 5) the therapist documented: Patient has not returned to complete his prescribed physical therapy appointments and per notes patient last reported to physical therapy 8 out of 10 with numbness to left foot. Patient has since been treating with acupuncture and notes improvement. Medical record review indicates at least 13 sessions of physical therapy. Physical exam (08-19-2015) revealed the injured worker walked with a slow gait without a cane. Neuro improving. The treatment request

is for: Physical Therapy to the Lumbar Spine 3 X 3 and Work Hardening. On 08-25-2015 the request for the following was non-certified by utilization review: Physical Therapy to the Lumbar Spine 3 X 3 and Work Hardening.

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

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

#### **Physical Therapy to the Lumbar Spine 3 X 3 and Work Hardening: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official disability Guidelines (ODG), Physical Medicine Guidelines.

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

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Physical Therapy to the lumbar spine 3x3 and work hardening. The treating physician reports document that the patient has completed physical therapy sessions and has also been released from physical therapy twice due to the patient not showing any improvement. (11A). The MTUS guidelines state, they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and the patient has not received any functional improvements from prior physical therapy sessions. In reviewing the MTUS Criteria for admission to a Work Hardening Program, the treating physician has not addressed the 10 requirements that are needed for consideration of this type of program. The current request is not medically necessary.