

<b>Case Number:</b>	CM15-0195491		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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:

This 62 year old male sustained an industrial injury on 3-11-14. Documentation indicated that the injured worker was receiving treatment for lumbar disc disease. Previous treatment included physical therapy, epidural steroid injection and medications. Magnetic resonance imaging lumbar spine (6-11-15) showed multilevel disc disease with L5-S1 disc herniation with right S1 nerve root impingement. In an orthopedic evaluation dated 8-11-15, the injured worker complained of increasing low back pain. The injured worker continued to work, performing light duties. Physical exam was remarkable for lumbar spine with tenderness to palpation from L4-S1 paraspinal musculature with range of motion: flexion 45 degrees, extension 33 degrees, lateral bend 12 degrees and rotation 27 degrees. The injured worker could not squat but could walk on his heels and toes. The physician stated that he was not recommending conservative physical therapy for the injured worker since he suffered the injury over a year ago and remained symptomatic. The physician noted that the injured worker previously benefited from lumbar epidural steroid injections with one month relief. The physician recommended referral to a pain specialist for possible further injections. In an initial evaluation dated 8-6-15, the injured worker complained of low back pain with radiation down the right leg associated with weakness and numbness in the right foot. Following the initial injury, the injured worker underwent six sessions of physical therapy. The injured worker's symptom's improved and he returned to full duty at work. The injured worker reported that he had a flare up of pain on 7-22-15. The injured worker received six more sessions of physical therapy and was placed on light duty. Physical exam was remarkable for tenderness to palpation over the lumbar paraspinal musculature and

spinous processes with range of motion: flexion 25 degrees, extension 10 degrees, bilateral lateral bend 10-15 degrees, weakness in the right lower extremity and decreased sensation in the right L5-S1 distribution with mildly positive right straight leg raise. The physician recommended continuing medications (Ibuprofen and Ultracet), starting Flexeril, remaining on modified duty at work and a course of 8 sessions of physical therapy for the lumbar spine. On 9-24-15, Utilization Review non-certified a request for additional lumbar physical therapy, twice a week for four weeks.

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

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

**Additional lumbar physical therapy 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**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 2014 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 Additional lumbar physical therapy 2 times a week for 4 weeks is not medically necessary and appropriate.