

<b>Case Number:</b>	CM15-0197607		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 30 year old male, who sustained an industrial injury on 11-2-2013. A review of the medical records indicates that the injured worker is undergoing treatment for L4-L5 disk extrusion, L4-L5 and L5-S1 facet arthrosis, and left L5 radiculopathy. On 7-31-2015, the injured worker reported persistent lumbar spine pain with radiating pain through the buttock, posterior thigh, calf, and into the plantar and dorsal aspects of his left foot extending to the toes. The Primary Treating Physician's report dated 7-31-2015, noted the injured worker with stiffness and decreased range of motion (ROM) of the lumbar spine with associated muscle spasms. The injured worker's current medications were noted to include Advair inhaler, Pantoprazole, and Hydrocodone. The physical examination was noted to show the lumbar spine with moderate pain at the base of the lumbar spine at the extremes of flexion, extension, and lateral bending. Sensation was noted to be decreased to light touch along the L5 distribution. The left sciatic notch was noted to be tender. Prior treatments have included chiropractic treatments, TENS unit, and medications including Tylenol and Ibuprofen. The Physician noted the injured worker is other physician had recommended continuing medications, physical therapy, TENS unit, and a neurosurgical consultation. The request for authorization was noted to have requested replacement of TENS unit supplies including batteries and patches and physical therapy for lumbar spine 16 sessions. The Utilization Review (UR) dated 9-15-2015, approved the request for replacement of TENS unit supplies including batteries and patches and denied the request for physical therapy for lumbar spine 16 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for lumbar spine 16 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions for this 2013 injury 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 2013 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 for lumbar spine 16 sessions is not medically necessary and appropriate.