

<b>Case Number:</b>	CM15-0204817		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	05/30/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 57 year old female, who sustained an industrial injury on 05-30-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain. Medical records (03-23-2015 to 09-04-2015) indicate ongoing low back pain and severe stiffness with radiating pain into both lower extremities. Pain levels were rated 5-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no improvement in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-04-2015, revealed weakness to the right ankle and knee, decreased sensation in the lower legs and feet, and positive straight leg raises. Relevant treatments have included: lumbar decompression and fusion surgery (01-2015), physical therapy (PT) for the low back (24 sessions requested on 06-29-2015), work restrictions, and pain medications. The request for authorization (09-04-2015) shows that the following therapy was requested: 8 additional sessions of PT for the low back. The original utilization review (09-25-2015) non-certified the request for 8 additional sessions of PT for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 X 4 lumbar (low back): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

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

**Decision rationale:** Review indicates the patient is s/p TLIF on 1/22/15, over 10 months past, beyond postoperative rehab period with chronic guidelines applicable. The patient has received at least 24 PT visits and continues to treat for ongoing chronic symptoms, remaining off work. 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 2 X 4 lumbar (low back) is not medically necessary and appropriate.