

<b>Case Number:</b>	CM15-0205821		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/08/2015
<b>Decision Date:</b>	12/08/2015	<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 64 year old male, who sustained an industrial injury on March 8, 2015. He reported immediate pain and tightness in his lower back. The injured worker was diagnosed as having lumbar pain. Treatment to date has included diagnostic studies, chiropractic treatment, physical therapy and medication. Physical therapy was noted to be instrumental in decreasing his pain, improving his range of motion and decreasing his dependency on medication. On July 14, 2015, the injured worker complained of back pain with radiation down the bilateral legs to the feet. The pain was rated a 6-7 on a 1-10 pain scale. The pain was described as a constant discomfort with prolonged standing and walking. He was still having pain with range of motion. On the day of exam, physical therapy was noted to be "finished." On September 17, 2015, the injured worker complained of persistent and worsening low back pain with radiation of pain and tingling to the lower extremities. The pain was rated as a 6 on a 1-10 pain scale. He reported that his work is "very hard" for him and his back is painful during and after working hours. He reported difficulty with prolonged standing and walking on concrete surfaces. He requested additional physical therapy to improve his current pain level. Physical examination revealed tenderness to palpation of the lumbar spine. His range of motion was noted to be near normal, but with pain and spasm present. The treatment plan included an additional six physical therapy sessions to focus on the low back, modified work duties, referral for pain management and a follow-up visit. On September 25, 2015, utilization review denied a request for six physical therapy visits for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **6 physical therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The 64 year old patient complains of low back pain and sleeping difficulties, as per progress report dated 09/22/15. The request is for 6 physical therapy visits for the lumbar spine. There is no RFA for this case, and the patient's date of injury is 03/08/15. Diagnoses, as per progress report dated 09/22/15, included neural foraminal narrowing/stenosis, multilevel lumbar disc protrusion, and severe narrowing of L5-S1. The patient is not taking any medications. As per progress report from the 08/18/15 visit, the patient complains of low back pain, rated at 8/10, radiating to bilateral lower extremities. Diagnoses, as per this report, included severe narrowing of L5-S1 disc space with just about complete collapse, some sclerotic changes of sacroiliac joint, lumbar musculoligamentous sprain, lumbar spondylosis, lumbar multilevel disc protrusion, neural foraminal narrowing/stenosis, and left L4 and bilateral L5 radiculopathy. The patient is on modified duty, as per progress report dated 09/22/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, a request for 6 sessions for "P.T/ Chiro" is noted in progress report dated 09/22/15. A request for 6 sessions of physical therapy is also noted in progress report from the 08/18/15 visit. As per the report, the patient has completed 12 sessions of physical therapy and "is requesting additional therapy to improve his current pain level." The treater does not discuss the efficacy of prior therapy. As per report dated 06/25/15, the patient is following a home exercise regimen. It is not clear why the patient cannot continue to benefit from these exercises. Additionally, MTUS only allows for 8-10 sessions of physical therapy in non-operative case. Hence, the request for six additional sessions is not medically necessary.