

<b>Case Number:</b>	CM15-0206458		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/18/2005
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Family Practice

### 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 73 year old male who sustained an industrial injury on April 18, 2005. Medical records indicated that the injured worker was treated for low back pain. His medical diagnoses include low back pain, status post lumbar fusion with revision and stable lumbar 1 compression fracture. In the provider notes dated from September 4, 2015 the injured worker states he has been managing his symptoms with medications. The documentation states "They are taking the edge off the pain and allowing him to stay active and walk around for longer periods of time." He states that "last week, there were a couple of days he had severe pain down his right anterior thigh to the knee area where he was not able to walk." He still has some numbness that radiate down the right anterior thigh level to above the knee." He states that physical therapy has helped his symptoms subside. On exam, the documentation stated that he is walking with a cane. He has decreased sensation over his right thigh. The documentation states that "there is a note from the physical therapist. They are documenting functional improvement, decreased pain, improvement in motion and endurance for standing." The treatment plan is medications and physical therapy. Previous treatments included medications, activity modifications, rest and physical therapy. A Request for Authorization was submitted for 12 physical therapy visits. The Utilization Review dated September 30, 2015 denied the request for 12 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Physical Therapy visits for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation- Online Edition, 2015, Chapter Low Back - Lumbar & Thoracic (Acute & Chronic) Physical Therapy Guidelines.

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

**Decision rationale:** This patient receives treatment for chronic low back pain and failed back syndrome that relates back to an industrial injury dated 04/18/2005. The patient contused his back and received physical therapy, epidural steroid injections, medications, and 4 operations on his back. On examination the patient walks with a cane, has decreased ROM of the lumbar spine, and has no tenderness on palpation. The lumbar flexion is 30 degrees, no extension, and 10 degrees lateral bending. The motor exam is symmetrical and intact. The patient takes Norco, Neurontin, and Ambien. The patient recently had 11 physical therapy sessions with no documented improvement in function. This review looks as a request for 12 additional PT sessions for the lumbar spine. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work related injuries nor any post-operative conditions that would require more physical therapy at this time. The guidelines also address the number of sessions. Twelve sessions are recommended for low back pain. Additional physical therapy sessions are not medically indicated.