

<b>Case Number:</b>	CM15-0207566		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/20/2006
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 38 year old male who sustained an industrial injury 10-20-06. A review of the medical records reveals the injured worker is undergoing treatment for thoracic and lumbar radiculitis, chronic pain, lumbar facet arthropathy, myositis-myalgia, anxiety, depression, gastroesophageal reflux, medication related dyspepsia, and a L4-5 annular tear. Medical records (08-25-15) reveal the injured worker complains of low and mid back pain rated at 8/10 without medication and 6-7/10 with medications, as well as insomnia, anxiety, and chronic medication related gastrointestinal upset. The physical exam (08-25-15) reveals tenderness in the cervical, thoracic and lumbar spines and the bilateral paraspinous musculature. Pain was "significantly" increased with range of motion in the cervical and lumbar spines. Prior treatment includes bilateral thoracic epidural steroid injections, 16 acupuncture sessions, physical therapy, a TENS unit, and medications. The original utilization review (09-29-15) non certified the request for 8 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PT Visits:** 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 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 2006 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 8 PT Visits is not medically necessary and appropriate.