

<b>Case Number:</b>	CM15-0209293		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 54 year old male who sustained an industrial injury August 6, 2012. Past history included status post right L5-S1 micro laminotomy-microdiscectomy, neural foraminotomies with nerve root decompression. According to a primary treating physician's progress report dated October 5, 2015, the injured worker presented with intermittent low back pain, although improving and constant right knee pain, described as throbbing, rated 7 out of 10 and unchanged. Objective findings included; lumbar spine-palpable tenderness and spasm, seated nerve root test negative, standing flexion and extension are guarded and restricted, well healed scar, circulation full in the lower extremities, coordination and balance intact; right knee- tenderness in the joint line, patellar grind test is positive, anterior drawer and posterior pivot shift tests are negative, McMurray's positive, crepitus with range of motion, no instability or swelling. Diagnoses are internal derangement knee, not otherwise specified; lumbago, status post surgery. Treatment plan included refill medication and at issue, a request for authorization dated October for (8) sessions of physical therapy to the lumbar spine. A doctor of physical therapy note dated October 12, 2015, documented the injured worker had completed (12) physical therapy visits for rehabilitation of his lumbar micro discectomy. He is now a little over ten weeks status post surgery and has been performing a progressive lumbar stabilization and stretching program. Physical examination revealed; normal gait pattern without deficit; motor testing 5-5 strength throughout both lower extremities; straight leg raise negative; discomfort with forward flexion. He noted his physician is requesting continued therapy. He would benefit from continuing with lumbar stabilization and core strengthening program as well as lumbar spine flexibility stretches, piriformis and hamstring stretching. According to utilization review dated October 19, 2015, the request for Physical Therapy (8) sessions to the lumbar spine is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 sessions to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 8 sessions to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbago, status post surgery; and internal derangement knee NOS. Date of injury is August 6, 2012. Request for authorization is October 7, 2015. According to October 5, 2015 progress note, the injured worker is 10 weeks post lumbar microdiscectomy. The injured worker has intermittent pain in the low back. Objectively, there is tenderness to palpation with spasm and decreased range of motion. Motor function is 5/5. The documentation indicates the injured worker completed 12 physical therapy sessions and has a normal gait with motor function 5/5. The guidelines recommend 16 sessions over eight weeks. The injured worker completed 12. The treating provider is requesting an additional eight physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. There is no documentation demonstrating objective functional improvement from prior PT. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from the prior 12 sessions of physical therapy and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy 8 sessions to the lumbar spine is not medically necessary.