

<b>Case Number:</b>	CM15-0022418		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/20/1987
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 66 year old female, who sustained an industrial injury on March 20, 1987. The injured worker had reported a neck and low back injury. The diagnoses have included lumbar spinal stenosis, lumbosacral degenerative disc disease and cervical degenerative disc disease. Treatment to date has included pain medication, epidural steroid injections and significant amounts of physical therapy. An MRI done in January Of 2014 notes lumbar spinal stenosis with a severe left foraminal narrowing and anterolisthesis. Current documentation dated January 7, 2015 notes that the injured worker complained of low back pain radiating down the left lower extremity and neck pain which radiated into the left upper extremity to the thumb. The injured worker was noted to have spasms in the legs, arms and back. Her pain level was improved with the current medications regime. The medications listed are Trazodone, Norco, Flexeril, Soma, Gabapentin and Protonix. The IW is currently on a liquid diet for weight loss to meet the criteria for lumbar spine laminectomy and fusion surgery. On January 21, 2015 Utilization Review non-certified a request for physical therapy sessions times six to the lower back as an outpatient. The MTUS, ACOEM Guidelines, were cited. On February 6, 2015, the injured worker submitted an application for IMR for review of physical therapy sessions times six to the lower back as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Physical therapy sessions for low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22,46-47,96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low and Upper Back Physical Therapy.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of musculoskeletal pain. The utilization of PT can lead to functional restoration, decreased pain and reduction in medications utilization. The records indicate that the patient had completed significant sessions of PT treatments without significant beneficial effects. The patient was noted to have progressed from utilization of a walker for mobilization to now being able to walk for more than 14 minutes following weight loss. The records indicate that the patient is awaiting lumbar spine laminectomy and fusion surgery. The criteria for 6 Physical Therapy (PT) for low back was not met.