

<b>Case Number:</b>	CM15-0216168		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	05/23/2005
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 43-year-old female, with a reported date of injury of 05-23-2005. The diagnoses include lumbar failed back surgery syndrome, lumbar radiculopathy, status post lumbar spine fusion, status post spinal cord stimulator implant, and status post lumbar spine surgery times three. The pain medicine re-evaluation report dated 08-27-2015 indicates that the injured worker complained of neck pain with radiation down the bilateral upper extremities; low back pain with radiation down the bilateral lower extremities, left greater than right, and accompanied by frequent numbness in the bilateral lower extremities and tingling frequently in the bilateral lower extremities to the level of the toes; bilateral shoulder pain; and bilateral hip pain. The injured worker's pain was rated 5 out of 10 on average with medication since the last visit, and 10 out of 10 on average without medications since the last visit. She reported ongoing activity of daily living limitations due to pain. On 07-24-2015, it was noted that the injured worker's pain was rated 4 out of 10 on average with medications since the last visit; and 10 out of 10 on average without medications since her last visit. The physical examination showed spasm at L4-S1; tenderness to palpation in the spinal vertebral area at L4-S1; moderately limited range of motion of the lumbar spine secondary to pain; significantly increased pain with flexion and extension of the lumbar spine; decreased sensitivity to touch along the L5 dermatome in the left lower extremity; and positive seated straight leg raise on the left for radicular pain at 70 degrees. It was noted that an MRI of the lumbar spine on 08-19-2010 showed status post laminectomy and posterior transpedicular screw fixation from L3-S1 with intervening disc spacers and severe paraspinal muscular atrophy; and a CT scan of the lumbar spine on 03-28-2009 which showed

mild bilateral degenerative facet changes at L1-2 and L2-3 levels. The injured worker was not currently working, and her work status was deferred to the primary treating physician. The diagnostic studies to date have included a urine drug screen on 04-07-2015 with negative findings. Treatments and evaluation to date have included physical therapy and Toradol and B12 injection. The medical records included the physical therapy reports for visits on 02-20-2015 and 07-24-2015. The physical therapy report dated 07-24-2015 indicates that the injured worker's back was hurting, and she continued to tolerate pool exercises well. The treating physician requested physical therapy 1-2 times a week for 4 weeks for the lumbar spine. On 09-30-2015, Utilization Review (UR) non-certified the request for physical therapy 1-2 times a week for 4 weeks for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 1-2 X 4 for the lumbar spine: 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:** According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case, the worker is 43 years old and was injured in 2005. She is being treated for failed back syndrome with radiculopathy following a lumbar fusion from L3-S1. She has been treated in the past with an unspecified number of physical therapy sessions from 2-20-15 through 7/24/15. The notes do not demonstrate objective measures of functional improvement as a result of treatment, decreased pain scores or reductions in pain medication as a result of treatment. There is no indication from the submitted documentation that she is performing a home exercise program. The guidelines recommend no more than 10 visits for low back pain +/- radiculitis. The request does not meet the criteria of the cited guidelines and is therefore not medically necessary.