

<b>Case Number:</b>	CM15-0225968		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	09/26/1991
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: 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 53 year old male, who sustained an industrial injury on 9-26-91. Current diagnoses or physician impression includes severe spinal stenosis with nerve root impingement at L4-L5 causing severe radiculopathy. Notes dated 6-2-15 and 10-5-15 reveals the injured worker presented with complaints of severe low back and right leg pain described as dull and aching and a constant burning sensation in his feet, which results in an unstable gait. He reports restricted activity due to his pain. A physical examination dated 6-2-15 and 10-5-15 revealed no edema noted in his extremities and pulses are full and regular, no focal deficits noted neurologically, no arthritis or joint swelling. Treatment to date has included physical therapy and lumbar epidural steroid injections were not beneficial, per note dated 10-5-15. His medication regimen provides minimal relief per note dated 10-5-15. Diagnostic studies include lumbar spine x-rays and lumbar spine MRI revealed severe stenosis of the right lateral recess and right medial foramen at L4-L5, moderate stenosis of left neural foramen with impingement of the right nerve root at L4-L5, bilateral foraminal stenosis left greater than right at L2-L3 and mild to moderate central canal stenosis at L2-L3 and L4-L5, per physician note dated 10-5-15. A request for authorization dated for physical therapy 3 times 6 for the low back is denied, per Utilization Review letter dated 10-26-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times 6 for the low back: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has completed previous physical therapy and there is no documentation indicating that he had a defined functional improvement in his condition. In addition, he has been instructed on a home exercise program. There is no specific indication for the additional 18 PT (3 x 6) sessions requested. Medical necessity for the additional PT visits requested, has not been established. The requested services are not medically necessary.