

<b>Case Number:</b>	CM15-0031443		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 52-year-old male, who sustained an industrial injury on 06/16/2008. He has reported low back pain. The diagnoses have included lumbar wound infection. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Cyclobenzaprine, Lidoderm patch, Pantoprazole, Lyrica, Hydromorphone, Lorazepam, and Oxycodone/Acetaminophen. Surgical interventions have included lumbar spine surgery, performed on 12/11/2014; and incision and drainage of the infected spine wound on 01/07/2015. A progress note from the treating physician, dated 01/15/2015, documented an inpatient examination of the injured worker. The injured worker reported increased back pain. Objective findings included tenderness to the lower back area; dressing to the back with small amount of drainage noted; and no redness or edema to the incision site. The treatment plan has included request for Physical therapy for the lumbar spine. On 01/28/2015 Utilization Review noncertified a prescription for Physical therapy for the lumbar spine. The CA MTUS and the ODG were cited. On 02/18/2015, the injured worker submitted an application for IMR for review of a prescription for Physical therapy 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 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious Diseases Physical therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient was injured on 06/16/08 and presents with low back pain. The request is for PT for the lumbar spine (amount of sessions not indicated). There is no RFA provided and the patient is to return to modified work on 11/18/14 with no stairs and sedentary work only. The patient is diagnosed with lumbar wound infection. Treatment to date has included medications, physical therapy, and surgical intervention. The utilization review denial letter states that "the patient underwent back surgery on December 11 and incision and drainage for the infected spine wound on 01/07/15." The report with the request is not provided. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. There is not enough information provided to confirm that the physical therapy is provided in accordance with MTUS guidelines. The requested duration and frequency of the physical therapy is not known. MTUS guidelines for physical therapy are based on the number of physical therapy sessions. Without specifying the total number of sessions, or duration and frequency of therapy, the request cannot be verified to be in accordance with MTUS guidelines. The requested PT for the lumbar spine is not medically necessary.