

<b>Case Number:</b>	CM15-0056542		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 41-year-old male, who sustained an industrial injury on September 19, 2012. The injured worker was diagnosed as having residual lumbar pain with radiculopathy, multiple level cervical disc protrusions with radicular complaints, and shoulder tendinosis. Treatment to date has included MRI, work modifications, chiropractic therapy, physical therapy, and pain medication. On November 15, 2014, the injured worker underwent a lumbar spinal injection, which provided a 50% improvement but residual pain remains. On January 22, 2015, the primary treating physician reports the injured worker still has residual pain and is scheduled for a left shoulder arthroscopy and possible labral tear repair. He has continued lower back pain, and he has never had therapy for the lumbar spine. The primary treating physician treatment plan includes 18 sessions of physical therapy for the lumbar spine and 18 sessions of physical therapy for the left shoulder for postoperative recovery. On February 15, 2015, the injured worker complains of exacerbated low back pain radiating to the right leg. The physical exam revealed spasm and tenderness to the lumbar spine and decreased range of motion. The secondary treating physician's treatment plan includes a request for a lumbar epidural steroid injection at lumbar 4-lumbar 5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Physical Therapy 3 x 6, Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic), Physical Therapy Guidelines.

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing lower back pain and left shoulder pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the requested trials of other treatments in that setting. In the absence of such evidence, the current request for an initial eighteen physical therapy sessions for the lumbar spine region done three times weekly for six weeks is not medically necessary.