

<b>Case Number:</b>	CM15-0057122		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<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: California, Indiana, 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 29-year-old female who sustained an industrial injury on 08/20/2011. Diagnoses include lumbar herniated nucleus pulposus, lumbar stenosis, lumbago, and status post lumbar laminotomy and/or decompression on 09/16/2013. Treatment to date has included diagnostic studies, medications, injections, physical therapy, and home exercise program. A physician progress note dated 01/07/2015 documents the injured worker complains of pain in her lumbar spine rated a 6 out of 10. Pain radiates down both legs and she has shooting pain to both thighs, and numbness to both legs. She has decreased sensation in the bilateral medial and lateral legs, decreased right medial thigh, and straight leg raise bilaterally at 70 degrees causes low back pain. The injured worker has a positive Faber. Forward flexion is 70 degrees with pain and extension is 25 degrees. The treatment plan is for modified duty, authorization for pain management, medications and continuation of physical therapy. Treatment requested is for Physical therapy 2 times a week for 6 weeks, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week times six weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar herniated nucleus pulposus; and lumbar stenosis. The injured worker underwent L4 - L5 and L5 - S1 laminectomy/decompression on September 16, 2013. According to a January 7, 2015 progress note, each worker has a VAS pain scale of 6/10. The documentation indicates the worker completed 8 sessions of physical therapy. Pain radiates down both legs. The documentation states she "finished physical therapy for this problem" but only had 8 sessions. Objectively, there was tenderness palpation along the left PSIP and SI joint. Muscle strength was 5/5. MRI dated February 8, 2014 showed no new disc herniation, mild neural foramina stenosis on exiting L4 nerve root on the left. Utilization review states the injured worker received 48 authorized physical therapy sessions to the low back. There is no documentation in the medical record reflecting objective functional improvement from physical therapy rendered to date. Utilization review states 48 sessions were authorized. The physician documentation states 8 sessions were received. In either case, there is no documentation demonstrating objective functional improvement. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts documented in the medical record warranting additional physical therapy (pursuant to the recommended guidelines). Consequently, absent compelling clinical documentation (from physical therapy rendered to date) with compelling clinical facts to warrant additional physical therapy, physical therapy two times a week times six weeks to the lumbar spine is not medically necessary.