

<b>Case Number:</b>	CM15-0081032		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 48 year old male, who sustained an industrial injury on 7/26/2011. He reported low back pain after falling on a wet floor. The injured worker was diagnosed as having chronic low back pain and right leg numbness, and lumbar spondylosis. Treatment to date has included physical therapy sessions, and medications. He is medically retired. The request is for physical therapy to the lumbar spine. On 1/22/2015, reported continued neck and low back pain. The record indicated he was being seen for the low back. He indicated the low back pain radiated down the right leg, with associated numbness and tingling down to the foot. The record indicated he had completed 18 physical therapy sessions with only temporary relief. He rated his pain as 7/10, and stated massages, lying down or the use of medications have helped to reduce the pain. The treatment plan included: magnetic resonance imaging of the lumbar spine. On 3/27/2015, he had continued low back pain with radiation down the right leg. His pain is not rated. He is noted to have a positive straight leg raise test on the right. The treatment plan included: repeat course of therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Lumbar Spine, 2 times weekly for 4 weeks, 8 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar - Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy, Lumbar Spine, 2 times weekly for 4 weeks, 8 sessions is not medically necessary.