

<b>Case Number:</b>	CM15-0085395		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	08/18/1988
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 70 year old female, who sustained an industrial injury on 6/18/1988. She reported low back popping noise and pain, after pulling a large bag of dog food. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, acquired spondylolisthesis, lumbar post-laminectomy syndrome, and low back pain. A history of rheumatoid arthritis was noted. Treatment to date has included diagnostics, lumbar fusion surgery in 1991, lumbar transforaminal epidural steroid injections, and medications. On 2/04/2015, the injured worker complains of ongoing pain in her low back and both legs. She reported some numbness in the toes of both feet. Exam noted tenderness to palpation at approximately L4-5, difficulty heel and toe walking, and motor strength 5/5, except 4/5 extensor hallucis longus muscle. Sensation was decreased on the right lateral leg. Lumbar magnetic resonance imaging (10/18/2013) was referenced as showing moderate stenosis L2-3, spondylolisthesis L3-4, L4-5 with severe stenosis, and fusion L5-S1. Her pain was not rated and functional deficits were not described. She was currently retired. Medication use included Norco. The treatment plan included physical therapy for the lumbar spine x 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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 2x6 for the lumbar spine is not medically necessary and appropriate.