

<b>Case Number:</b>	CM15-0230196		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	01/08/2016	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2015

### 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 51 year old male, who sustained an industrial-work injury on 4-2-14. A review of the medical records indicates that the injured worker is undergoing treatment for rule out lumbar disc herniation. Treatment to date has included pain medication Tylenol #3, physical therapy (previously with hot and cold packs, massage, electrode treatments unknown amount of sessions), spinal surgery consult, activity modifications and other modalities. Medical records dated 9-29-15 indicate that the injured worker complains of persistent pain in the low back rated 7-8 out of 10 on the pain scale. The pain is improved with rest and medications and made worse with weather and activities. Per the treating physician report dated 9-29-15, the injured worker has returned to work. The physical exam reveals decreased lumbar range of motion, tenderness of the paraspinal muscles, positive Kemp's sign bilaterally, positive straight leg raise test on the right, and there was decreased strength and sensation at 4 out of 5 at the L4 and L5 bilaterally. The treatment plan was for physical therapy for the lumbar spine. The medical records that are dated 8-24-15 the physician indicate that the injured worker was treated initially with physical therapy upon his first presentation of injury; however, he has not had any recent treatment. The pain is getting worse despite working with restrictions and the pain is constantly present. The injured worker had and Magnetic Resonance Imaging (MRI) of the lumbar spine that reveals degenerative changes with osteophyte formation otherwise a normal Magnetic Resonance Imaging (MRI). The spinal surgeon recommended further conservative care with physical therapy for core strengthening. He further indicated that he did not think he needed surgical intervention or epidural steroid injection (ESI) or facet injections as he had minimal findings on the Magnetic Resonance Imaging (MRI). The medical records do not document any

subjective or objective changes. There is no documented evidence in the medical records of objective functional improvement as a result of the previously rendered treatment therapy. The requested service included Physical Therapy 2xWk x 6Wks, Lumbar Spine. The original Utilization review dated 11-3-15 modified the request for Physical Therapy 2xWk x 6Wks, Lumbar Spine modified to approve 9 sessions of 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 2xWk x 6Wks, Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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 per 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are multilevel disc disease with 3 mm disc bulge at L5 - S1 centrally with mild arthropathy left facet per MRI; rule out lumbar disc herniation. For additional diagnoses see the September 29, 2015 progress note. Date of injury is April 2, 2014. Request for authorization is October 13, 2015. According to a September 29, 2015 progress note, the injured worker subjectively complains ongoing low back pain 8/10. The worker is working. Objectively, there is decreased range of motion and tenderness at the paraspinal muscles. There is straight leg raising on the right. There is decreased strength at L4 - L5 bilaterally. Utilization review indicates the injured worker has not received therapy the lumbar spine. The guidelines recommend 9-10 visits over eight weeks. The guidelines also recommend a six visit clinical trial. Pending objective functional improvement, additional physical therapy may be clinically indicated. The treating provider is requesting 12 sessions of physical therapy. There is no documentation indicating a six visit clinical trial. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy for the lumbar spine and no documentation of a six visit clinical trial, physical therapy two times per week times six weeks to the lumbar spine is not medically necessary.