

<b>Case Number:</b>	CM14-0145659		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/10/1982
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year-old patient sustained an injury on 1/10/1982 while employed by [REDACTED]. Request(s) under consideration include 24 PHYSICAL THERAPY SESSIONS TO THE BACK ([REDACTED]). Diagnoses include Sacroiliitis; cervical and lumbar facet arthropathy; lumbar and cervical spondylosis and inflammatory radiculopathy; bilateral piriformis myopathy; myofascial pain syndrome; failed back syndrome/ chronic back pain. The patient continues to treat for chronic ongoing back symptoms. Conservative care has included therapy, medications, epidural injections, and modified activities/rest. Medications list Flexeril, Percocet, Amitriptyline, Ambien, Tramadol, and Vistaril. Reports of 5/2/14 and 4/4/14 from the provider noted the patient had failed conservative care with persistent pain. It was noted the patient has received at least 48 PT sessions since December 2013 without significant benefit or improvement. Report of 7/2/14 from the provider noted the patient was post lumbar fusion (5/30/13); had recent epidural steroid injection and had recently discontinued PT. Exam findings remained unchanged with continued tenderness, positive orthopedic testing of SLR, Faber's, pelvic rock, axial loading with myofascial trigger points, hip flexion contracture of 15 degrees. Physical therapy reports noted unchanged pain symptom levels of 3-4/10. The request(s) for 24 PHYSICAL THERAPY SESSIONS TO THE BACK ([REDACTED]) was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Physical therapy sessions to the back ([REDACTED]): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 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 work 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 24 physical therapy sessions to the back ( ) is not medically necessary and appropriate.