

<b>Case Number:</b>	CM14-0096438		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 occupational medicine 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:

According to the provided documents, this is a 61-year-old man with a date of injury of 4/27/11. The original mechanism of injury for that date is not entirely clear but it may have been from moving a patient. There is mention of a previous injury June 2010 when he fell down some stairs. There has been previous conservative treatment, no mention of surgery. MRI showed degenerative changes and EMG were normal in the past. Under review currently is a request for 8 physical therapy sessions requested in a spine specialist report of 5/27/14. That stated that there is low back pain, worse on the right side radiating down both legs sometimes all the way to the heel. Lidoderm patches help. Previous PT also helped. Patient is requesting a course of PT. He is working in security and tolerating it well. Exam shows tenderness lower lumbar region however strength is 5/5, straight leg raise is negative, walking is intact to normal, range of motion is slightly limited. The diagnoses are chronic intractable lower back pain initially dating to 6/7/10 aggravated 4/27/11; Rule out lumbar instability and lumbar stenosis; No signs or symptoms of cauda equina syndrome or spinal cord abnormalities; Persistent distal numbness anterior medial thigh possible lumbar related; failure non-operative care especially with physical therapy medical therapy multiple injections and local patches. Treatment planning indicates the patient's clinically stable on exam. The provider states the mainstay of treatment for will be PT and medications. Work status was permanent and stationary, follow-up was for 3 months. There is no mention of what the specific functional goals of physical therapy are. There is a physical therapy daily progress note dated 1/22/14 states that the total visits are 20. The report indicates a recent course of 6 sessions which patient reports 80% improvement in symptoms and function. There is increased active range of motion, strength and balance. There is no mention of specific functional benefits in terms of activities of daily living or a reduction in dependence on medical

care. Patient was already working as a security guard at that time. Home exercise program was documented.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 8 visits to the lumbar spine.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, physical medicine Page(s): 98-99..

**Decision rationale:** At time of this request, this was a chronic injury with persistent subjective complaints of low back pain and objective findings of some limited range of motion. There is no mention of any significant functional deficits in terms of activities of daily living and the patient was working. He had previously completed physical therapy, with 6 sessions being documented 5 months earlier. He had a total of 20. MTUS guides chronic pain guidelines allow for fading of treatment frequency from up to 3 visits a week to 1 or less and an active self-directed home physical medicine. Nothing in the documentation establishes why this patient would require supervised physical medicine treatment at this time. He should be well-versed in an independent home exercise program. He should not require passive modalities. There is no mention of any acute flareup of pain or reinjury/aggravation. Therefore, based upon the evidence and the guidelines is not considered medically necessary.