

<b>Case Number:</b>	CM13-0052123		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/23/2000
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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: New York

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 51 year old male who has reported low back pain after an injury on 08/23/00. He has been diagnosed with lumbar disc degeneration. Treatment has included medications, two laminectomies, and physical therapy. A lumbar MRI on 3/21/13 showed multilevel spondylosis, possible encroachment on the bilateral L4 and left L3 nerve roots at L3-4, enlargement of the right L5 nerve root, possibly due to scar; and post-operative changes. The injured worker has been seen by his treating physician approximately every 1-2 months during 2013. At each visit there was ongoing back pain. On 6/25/13 the treating physician prescribed physical therapy, 12 visits. 6 visits of physical therapy were prescribed on 1/9/14. Two visits of physical therapy were documented in January 2013. The injured worker was not improved as of 8/2/13 and was referred to a surgeon and pain management specialist. Per the surgeon's report of 10/17/13, the injured worker was seen for 3 physical therapy visits in 2013. He continues to work. He has ongoing back and left leg symptoms. There were no neurological deficits. The treatment plan included physical therapy and an epidural steroid injection at L3-4. On 11/6/13 Utilization Review non-certified "physical therapy", noting a request for 8 visits, and current request for an epidural steroid injection. The physical therapy was non-certified based on guideline recommendations and lack of medical necessity for the associated epidural steroid injection. Per a letter from the injured worker dated 11/18/13, physical therapy has helped control pain and lessen disability. Prior epidural steroid injections were helpful in controlling pain. The injured worker references the recommendations of the AME and treating physician. No medical evidence or guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 8 sessions: 2 times a week for 4 weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement; Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain (see citation above). The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current PT prescription. It is not clear what is intended to be accomplished with this PT, given that it will not cure the pain and there are no other goals of therapy. The treating physician did not discuss the results or content of the prior physical therapy course. There are no functional goals. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from the physical therapy completed earlier in 2013. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. The additional physical therapy is not medically necessary due to the lack of specific prescription, lack of results from prior physical therapy, and lack of compliance with the MTUS recommendations.