

<b>Case Number:</b>	CM14-0202594		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 53 year old female sustained an industrial related injury on 10/20/2010 while lifting a patient out of bed. The results of the injury were not provided or discussed. The injured worker was noted to have had a previous back injury and recurrent back pain. According to the evaluation, dated 10/20/2010, current subjective complaints included significant episodes of back pain that was described as persistent, bilateral lower extremity pain with the left greater than the right, and sleep disturbance due to back pain. Objective findings revealed diffuse tenderness down the left leg; loss of sensation between the 1st and 2nd toes bilaterally with strong response to pin-prick to the sole of the foot, to the dorsum of the foot and to the heel; symmetric 2+ reflexes to the bilateral knees and ankles; no obvious atrophy to the calf or thigh muscles; flexible straight leg raises to 90 position without evidence of traction to the sciatic nerve; and 5+ lift resistance bilaterally. Compression to the iliac wing or to the suprapubic region does not refer pain in the SI joint. Abdominal flexion did not activate the rectus muscles, and there was no palpable tenderness over the pubis. In the sitting position, the back was noted to be symmetric and without spasm or rotation, and Spurling's was negative bilaterally. Current diagnoses include multilevel degenerative disc disease of the lumbar spine, status post laminectomy with recurrent symptoms without radiculopathy, reflex left sided iliotibial band dysfunction and tightness, and persistent history of incontinence. Treatment to date has included a prior discectomy/laminectomy (1999), physical therapy (78 sessions per UR report), medications, facet blocks in the back, and a previous left knee replacement (date unknown). Diagnostic testing has included MRI (09/05/2014) of the lumbar spine which revealed significant stenosis affecting the L4-L5 region. The physical therapy was requested for the treatment of a very tight iliotibial band using the Graston technique. Treatments in place around the time the physical therapy was requested included medications. The injured worker's pain appeared to be ongoing but

unchanged. There were no noted changes in functional deficits or activities of daily living. Work status was unchanged as the injured worker was on social security disability; however, it was noted that it would be appropriate for the injured worker to perform sedentary work. Dependency on medical care was unchanged. On 10/31/2014, Utilization Review non-certified a prescription for physical therapy 1 x 6 (lumbar) which was requested on 10/27/2014. The physical therapy 1 x 6 (lumbar) was non-certified based on exceeding the guidelines with 78 prior physical therapy sessions. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of physical therapy (lumbar).

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

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

**Physical therapy 1 x 6 (lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

**Decision rationale:** The patient has already completed 78 physical therapy visits which far exceeds the maximum allowed under MTUS, ACOEM. According to ACOEM, Chapter 12 the purpose of the physical therapy visits is that a couple of visits are necessary for instruction of a home exercise program. By this point in time relative to the injury/surgery the patient should have been transitioned to a home exercise program. There is no objective documentation that at this time relative to the injury that continued formal physical therapy is superior to a home exercise program.