

<b>Case Number:</b>	CM14-0218147		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/10/1995
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Massachusetts

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:

According to the records made available for review, this is a 64-year-old male with a date of injury on 11/10/1995. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 03/10/2014 indicated the impression of status post work-related injury, multilevel lumbar fusion with removal of hardware, and chronic axial low back pain with secondary myofascial pain and spasm. Subjective findings noted on 11/10/2014 were remarkable for severe and constant low back pain, along with associated symptoms of cramping to the middle of the lower back and bilateral legs. Physical examination from the same date was remarkable for positive straight leg raise bilateral lower extremities, antalgic gait, limited range of motion with moderate pain and moderate restriction with flexion, pain on palpation to the lumbar four to five and lumbar five to sacral one that worsens with flexion. Documentation provided lacked results of any diagnostic testing performed. Prior treatments offered to the injured worker were physical therapy, above listed surgical procedures, and a medication history of Tramadol, Motrin, and Prilosec. While documentation indicated prior physical therapy visits, medical records provided lacked documentation of physical therapy notes, treatment plan, or specific details related to functional improvement, improvement in work function, or in activities of daily living. The medical records provided also lacked documentation of specific details of effectiveness of medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 07/14/2014 noted the injured worker to return to full duty of work. On 11/25/2014, Utilization Review modified the prescription for physical therapy times twelve visits to physical therapy times two visits. The

prescription for physical therapy was modified based on MTUS Chronic Pain Treatment Guidelines with the Utilization Review noting that the injured worker completed the allowed amount of visits with no documentation noting the outcome of the six prior physical therapy visits. The Utilization Review certified two visits for the injured worker to learn a home exercise program.

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

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

**12 Sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant has a remote history of a work injury occurring nearly 20 years ago. Treatments have included a multilevel lumbar fusion with subsequent removal of hardware. The claimant has already had physical therapy. He continues to be treated for chronic non-radiating back pain. In terms of physical therapy in the treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.