

<b>Case Number:</b>	CM14-0069344		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/15/2010
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Family Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on April 15, 2010. His diagnoses include displacement of lumbar intervertebral disc without myelopathy, degeneration of intervertebral disc, and psychalgia. He has a history of L4-5 and L5-1 disc replacement surgery. His medications include Duexis, Norco, and Senokot. He also uses a TENS unit. He has had aqua therapy as well as 6 sessions of land-based physical therapy. According to a physician clinical encounter summary on April 22, 2014 he continues to have bilateral low back pain which radiates into the left S1 distribution. He denied lower extremity weakness but did note numbness in the left lower extremity but less than before surgery. He also complained of stiffness of the low back and spasms of his low back. Physical examination revealed 2+ DTRs of lower extremities. Gait was antalgic. Palpation of the lumbar spine revealed no spasm. Strength of the lower extremities was normal. Straight leg raise testing was negative. It was noted that he had persistent low back pain secondary to lumbar post laminectomy syndrome and regional myofascial pain. It was stated that he has done mostly aqua therapy and needs to optimize his land-based home exercise program to address his musculoskeletal issues and pain. 6 sessions of land-based skilled physical therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** Therapeutic exercise is beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. It may require supervision from a therapist to provide verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home therefore physical medicine guidelines allow for fading of treatment frequency to transition to a self-directed home physical medicine program. The MTUS physical medicine guidelines state 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia, neuritis radiculitis. This worker had aqua therapy however that would not have provided adequate instruction in a home exercise program. He also had 6 sessions of land-based physical therapy. The record however does not provide any documentation of objective improvement in function, flexibility, strength or endurance in response to physical therapy. Furthermore, the encounter summary of April 22, 2014 documents normal lower extremity strength and an antalgic gait but does not provide any objective documentation of deficits in strength, flexibility, function, or endurance to indicate goals to be achieved from additional physical therapy. Therefore, there is insufficient indication of medical necessity to warrant a number of physical therapy sessions in excess of that provided in the guidelines.