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| <b>Case Number:</b>   | CM14-0089336 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 03/05/2013 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 06/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/13/2014 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old male, who sustained an industrial injury on March 05, 2013. The injured worker was diagnosed as having spondylolisthesis of the lumbosacral region, sacroiliac ligament sprain and strain, lumbar myofascial sprain and strain, and lumbar spinal stenosis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, x-rays of the lumbar spine, and x-rays of the left hand. In a progress note dated May 02, 2014 the treating physician reports complaints of constant pain to the low back and buttocks with the left side greater than the right along with intermittent tingling to the bilateral lower extremities and pain with ambulation for greater than ten minutes. The progress note did not indicate the injured worker's numeric pain level as rated on a visual analog scale. Examination performed on May 02, 2014 was revealing for an antalgic gait, tenderness to the lumbar paravertebral muscles at lumbar four to five, tenderness to the left buttocks, tenderness to the left sciatic notch, positive bilateral straight leg raises, and positive bilateral Lasegue's testing. In a progress note dated January 29, 2014 the treating physician referred to prior session of physical therapy performed in 2006 and in 2011, but the documentation provided did not indicate how many or what physical therapy benefit has been achieved for the above listed date of injury in 2013. The progress note from January 29, 2014 noted that the injured worker was not currently in physical therapy. On May 02, 2014, the treating physician requested for additional physical therapy sessions two times a week for six weeks for lumbar spine pain and core strengthening. On June 06, 2014, the Utilization Review determined the request for

twelve additional physical therapy sessions for the lumbar spine at two times a week for six weeks to be non-certified.

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

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

**Twelve additional physical therapy visits for the lumbar spine, two times a week for six weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2013 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Twelve additional physical therapy visits for the lumbar spine, two times a week for six weeks, as an outpatient is not medically necessary and appropriate.