

<b>Case Number:</b>	CM15-0011288		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 male sustained a work related injury on 08/21/2013. According to a progress report dated 12/23/2014, the injured worker reported that his lower back pain remained unchanged from the last visit. Pain was rated 6 on a scale of 0-10. He was unable to tolerate work activity. Activities of daily living and mobility remained unchanged. Quality of life had worsened and quality of sleep was poor. The injured worker was tolerating his medication, home exercises, brace, psychology treatment and psychotherapy. TENS unit was helping in physical therapy. Diagnoses included adjustment reaction with depression and anxiety secondary to chronic pain and disability, disc bulging/lumbosacral, lumbar facet arthropathy and status post-surgery lumbar/sacral. According to a physical therapy note dated 11/05/2014, the therapist noted that the injured worker's doctor had increased some of his medications which had helped with burning at night. The therapist noted that the injured worker was able to demonstrate a more normalized gait pattern using an upright posture in several bouts using a four wheeled walker. He was encouraged to continue performing his home exercise program daily. The injured worker reported that he did small bouts of exercise several times throughout the day. He was trying to walk more and noticed less swelling. On 12/17/2014, Utilization Review non-certified home physical therapy lumbar spine. According to the Utilization Review physician, given the lack of sufficient clinical information, the request was deemed not medically necessary. The extent to which prior physical therapy has been significantly beneficial was not adequately stated. Guidelines referenced for this review were not noted. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Physical Therapy, Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This 53 year old male has complained of lower back pain since date of injury 8/21/13. He has been treated with lumbar spine surgery, TENS unit, physical therapy and medications. The current request is for home physical therapy, lumbar spine. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. On the basis of the available medical documentation and the MTUS guidelines cited above, home physical therapy, lumbar spine is not indicated as medically necessary.