

<b>Case Number:</b>	CM15-0115454		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	05/27/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 58 year old male, who sustained an industrial injury on 05/27/2013 secondary to being pushed resulting in a striking his head and right arm on doorframe. On provider visit dated 01/27/2015 the injured worker has reported intermittent lower back pain. On examination of the lumbar spine revealed diffuse tenderness and spasm of the lumbar paravertebral musculature. There was positive sciatic notch tenderness bilaterally, left more than right. The diagnoses have included critical stenosis with large protrusion/extrusion at L3-L4 and L4-L5, L4 and L5 radiculopathy on the left. Treatment to date has included medication and physical therapy. The injured worker was noted not to be working. The provider requested physical therapy 2x6 cervical and lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**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 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 Physical therapy 2x6 for cervical spine is not medically necessary and appropriate.

**Physical therapy 2x6 for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 2x6 for lumbar spine is not medically necessary and appropriate.