

<b>Case Number:</b>	CM15-0115871		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/23/2004
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/09/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 60 year old male who sustained an industrial injury on 9/23/04 when he was pinned between two cars and assaulted experiencing knee pain, back pain and waist pain. He had spinal as well as knee surgeries (2009) both were successful and in 2014 the injured worker experience a "shifting sensation" accompanied by low back pain. He developed urinary incontinence, lower extremity pain, difficulty with ambulation and had positive blood cultures. He had surgery for infected wound. He currently complains of worsening lower back pain with frequent falls. He had abnormal blood work and swelling around back incision; right hip pain. On physical exam he has weakness in the hip flexors right greater than left. He ambulates with a stooped, forward gait. Medications are Percocet, Voltaren, Flexeril, Xanax, bisacodyl, Benadryl, Colace, famotidine, Norco, Morphine Sulphate, Naloxene, Seroquel, trazadone. Diagnoses include status post L4-5 and L5-S1 anterior vertebral body fusion, L4, L5 and S1 laminectomy, posterior body fusion and posterior stabilization with surgical hardware; degenerative disc disease, status post posterior decompression and fusion at L3, L4 (9/2014); elevated white blood count and C-reactive protein, status post irrigation and debridement of lumbar spine wound infection with removal of pedicle screws, hardware and closure over drains (1/11/15); diabetes; staphylococcal infection; lower back pain; gastroesophageal reflux disease; depression; osteomyelitis. Treatments to date include lumbar epidural injection (6/2/14); psychiatric consult for post-operative delirium; medications. Diagnostics include MRI of the lumbar spine (12/18/13) showing status post L4-5 and L5-S1 anterior vertebral body fusion, L4, L5 and S1 laminectomy, posterior body fusion and posterior stabilization with surgical hardware, lumbar

spondylosis, moderate narrowing of neural foramen bilaterally, anterolisthesis; computed tomography of the lumbar spine (1/7/15) abnormal results; chest x-ray (1/11/15) showing multilevel degenerative spondylosis and endplate lipping in the thoracic spine. In the progress note dated 6/6/15 the treating provider's plan of care includes starting physical therapy.

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

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

**Physical therapy 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures; Physical Medicine; Physical Medicine Guidelines Page(s): 48, 98-99.

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

**Decision rationale:** Physical therapy 2 times a week for 3 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.