

<b>Case Number:</b>	CM15-0120377		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/03/2002
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 51-year-old female, who sustained an industrial injury on 1/03/2002. Diagnoses include other mechanical complication of other internal orthopedic device, complications due to other internal orthopedic device implant and graft, pain in limb and lumbago. Treatment to date has included implantation of a spinal cord stimulator (12/17/2014 and physical therapy (9 sessions). Per the Primary Treating Physician's Follow-up Report dated 5/20/2015, the injured worker reported that her symptoms are improving after placement of a spinal cord stimulator. She has reduced the use of opioid medications. There is no documentation of objective findings for this visit. The plan of care included postoperative physical therapy and authorization was requested for 18 additional physical therapy sessions (3x6) for the lower back. The patient's surgical history includes lumbar fusion and hardware removal in 2013. The patient has had extensive PT visits for this injury in the past. The current medication list was not specified in the records provided. Per note, dated 1/14/15 patient had complaints of low back pain with radiation in lower extremity bilaterally. Physical examination of the lumbar spine revealed limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x6 for the lower back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy; page 98.

**Decision rationale:** Request: Physical Therapy 3x6 for the lower back The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient has had extensive PT visits for this injury in the past. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy 3x6 for the lower back is not medically necessary for this patient.