

<b>Case Number:</b>	CM15-0121965		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	06/14/1993
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 67-year-old male who sustained an industrial injury on 06/14/93. He reports low back pain. Initial diagnoses are not available. Current diagnoses include displacement of lumbar intervertebral disc, and post surgical spine syndrome. Treatments to date include redo fusion at L4-S1 lumbar spine performed 10/13/14, physical therapy, and pain medication management. In a progress note dated 05/27/15 the injured worker reports constant dull, achy pain to his lower back with difficulty standing, walking or sitting for prolonged periods of time. His pain is rated as a 7-8 out of a 10 and has difficulty sleeping due to pain. Physical examination reveals he is quite distressed; he has limitation with lumbar range of motion, flexion-extension, rotation and side bending. There is marked tenderness on palpation to his lumbar paraspinals. Impression includes lumbosacral degenerative disc disease with spondylolisthesis/pseudoarthrosis, severe neuropathic pain, failed back syndrome, chronic pain syndrome, severe anxiety, and gait dysfunction. The injured worker's pain management is difficult and is using 4-5 tablets of Norco daily; trazodone and tizanidine are not working. Increase in narcotic medication is not recommended. Treatment recommendations include Physical Therapy, 10 sessions for the lumbar spine. The injured worker is temporarily totally disabled. Date of Utilization Letter: 06/05/15. The medication list includes Norco daily; trazodone and tizanidine. Patient has received an unspecified number of PT visits for this injury. The patient's surgical history includes lumbar fusion on 10/13/14, shoulder and hand surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine, 12 sessions: Upheld**

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

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

**Decision rationale:** Request: Physical Therapy for the lumbar spine, 12 sessions. 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". Patient has received an unspecified number of PT visits for this injury. 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. 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." 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 for the lumbar spine, 12 sessions not fully established for this patient.