

<b>Case Number:</b>	CM15-0121978		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	05/22/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<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: 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 was a 35 year old male, who sustained an industrial injury, May 22, 2010. The injured worker previously received the following treatments 4 physical therapy sessions for the lumbar spine, lumbar spine MRI on May 12, 2015 which showed mild facet degenerative changes, dural sac slightly compressed, L5-S1 space narrowing with broad based disc bulge and focal herniation posteriorly to the right, impinges in the exiting right S nerve root, mild bilateral foramen narrowing without nerve root compression in the foramen. The injured worker was diagnosed with strain lumbosacral spine, lumbar spine degenerative disc disease and HPN (herniated nucleus pulposus) of the lumbar spine. According to the physical therapy progress note of May 6, 2015, the injured worker's chief complaint was 7 out of 10 pain, but able to tolerate exercises well. There was a moderate decrease in the pain, but still severe. The physical therapist recommended continuing physical therapy to increase core strength to support the lumbar spine. The lumbar flexion was unchanged at 50% and the extension increased from 60% to 80%. The treating physician's progress noted of May 19, 2015, noted the injured worker had completed 4 out of 4 physical therapy sessions. The injured worker complaint was 7 out of 10 low back pain with radiation into the bilateral lower extremities. The physical exam noted tenderness with palpation of the lumbar paraspinal muscles. The sensation was intact and symmetrical bilaterally. There was decreased strength in the EHL and was unable to heel walk on the right side. The straight leg raises were positive on the right. The treatment plan included physical therapy for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy - lumbar spine, QTY: 6: 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 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 of 2010. 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 - lumbar spine, QTY: 6 is not medically necessary and appropriate.