

<b>Case Number:</b>	CM15-0123451		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/24/2015
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 1/24/15 from cumulative trauma resulting in low back injury. He was medically evaluated and diagnosed with lumbar pain. He was treated with medication and physical therapy which did not improve his condition. He complains of constant low back pain with radiation to the right leg with numbness and tingling to the left foot. He has sleep difficulties due to pain. He can perform activities of daily living with slight difficulty. On physical exam there was tenderness on palpation over the lumbosacral (L5-S1) area with limited and painful range of motion. Diagnoses include lumbar disc degeneration; lumbar pain; myospasm; right hip pain; lumbar radiculopathy, left side; lumbar spine disc bulge. Treatments to date include medication; physical therapy; chiropractic treatment. Diagnostics include x-rays of the lumbar spine (no date) showing diffuse moderate spondylosis; MRI of the lumbar spine (1/8/15) showing multiple disc desiccation, multiple disk bulges and osteophyte formation. In the progress note dated 5/26/15 the treating provider's plan of care indicates the injured worker's biggest pathology is at L5-S1 with intermittent left sided radicular symptoms and recommends trying another few months of conservative treatment. The provider requested 12 sessions of physical therapy to the lumbar spine, twice a week for six weeks to decrease pain and inflammation, improve flexibility and endurance and help with activities of daily living in conjunction with acupuncture; six sessions of physical therapy to the lumbar spine, once per week for six weeks decrease pain and inflammation, improve flexibility and endurance and help with activities of daily living in conjunction with physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy lumbar spine 2X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

**Decision rationale:** The patient has completed approximately 8 PT visits. Current request was modified for 2 session to transition to an independent home exercise program. 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 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 Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous 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 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 lumbar spine 2X6 is not medically necessary and appropriate.

### **Physical therapy lumbar spine 1X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

**Decision rationale:** The patient has completed approximately 8 PT visits. Current request was modified for 2 session to transition to an independent home exercise program. 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 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 Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous 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 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 lumbar spine 1X6 is not medically necessary and appropriate.