

<b>Case Number:</b>	CM15-0170548		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	02/25/1985
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 63 year old male, who sustained an industrial injury on February 25, 1985. The injured worker was diagnosed as having lumbar spine sprain. Treatment to date has included diagnostic studies and medication. On January 23, 2015, the injured worker reported improved pain and cramping of his lower back. Ibuprofen medication was noted to be bothering his stomach and Gabapentin was prescribed. He was noted to have very severe stenosis at L4-5 level, although radiographic studies showed no clear evidence of instability. A change of curvature and findings on AP x-rays indicated possible scoliosis. On March 27, 2015, the injured worker complained of constant ongoing lower back and hip pain with intermittent severe sharp and stabbing pain. He indicated that the use of muscle relaxants has resulted in some improvement of symptoms, including the lower back and right hip area. Notes stated that there was a lateral listhesis of the body of L3 to the left and right lateral listhesis of the vertebral body of L1, which was not as pronounced as L3-L4 level. A course of physical therapy was noted to be considered prior to possible surgical treatments. On April 28, 2015, utilization review denied a request for physical therapy at two times a week for three weeks or three times a week for three weeks 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 2 x a week for 3 weeks or 3 x a week for 3 weeks for the Lumbar Spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Review indicates the patient has ongoing chronic symptoms for this February 1985 injury with stable and unchanged neurological exam. 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 1985 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 2 x a week for 3 weeks or 3 x a week for 3 weeks for the Lumbar Spine is not medically necessary and appropriate.