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| <b>Case Number:</b>   | CM15-0170635 |                              |            |
| <b>Date Assigned:</b> | 09/11/2015   | <b>Date of Injury:</b>       | 04/01/2013 |
| <b>Decision Date:</b> | 10/09/2015   | <b>UR Denial Date:</b>       | 08/14/2015 |
| <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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male, who sustained cumulative industrial injuries from April 1, 2012 through April 1, 2013. He reported low back pain and bilateral lower extremity pain and weakness. The injured worker was diagnosed as having status post laminotomy and decompression of lumbar 4-5, acute lumbosacral strain, rule out disc herniation, left hip contusion, lumbosacral radiculitis and bilateral lower extremity radicular pain. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, physical therapy, medications and work restrictions. Currently, the injured worker continues to report low back pain, left hip pain and bilateral lower extremity pain and weakness. The injured worker reported cumulative industrial injuries from 2012 through 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 13, 2015, revealed continued weakness in the low back and bilateral lower extremities status post lumbar 4-5 laminotomy and resection of lipomatosis six weeks earlier. He noted the pain was slowly improving. Medications were renewed and physical therapy for the lumbar spine was recommended. Evaluation on March 31, 2015, revealed the recent surgical intervention did not provide any significant relief. Faber test and left sided straight leg tests were positive. He rated his pain at 8-9 on a 1-10 scale with 10 being the worst. It was noted he would continue palliative care at this point. Medications were continued. Evaluation on June 1, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. It was noted he ambulated with an antalgic gait and had painful range of motion in the lumbar spine. Postoperative physical therapy was recommended to start. Medications were continued.

Evaluation on July 27, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. He noted the pain was constant and unchanged since the previous visit. He remained off work. The RFA included a request for Physical therapy x 12 session and was non-certified on the utilization review (UR) on August 13, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy x 12 session:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in April 2013 and is being treated for low back and left lower extremity pain. He underwent an lumbar laminectomy in January 2015. In July 2015 he had not had post-operative rehabilitation until the previous week. When seen, he was having persistent pain which was rated at 7/10. There was lumbar tenderness with spasms and full range of motion. Left straight leg raising was positive. There was normal gait. Being requested is 12 additional physical therapy treatments. Case notes reference completion of two treatments when the request was made. After the surgery performed, guidelines recommend up to 16 visits over 8 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant had not completed the recommended initial course of therapy when additional therapy was requested. The total number of treatments being requested is in excess of accepted guidelines and what would be needed to determine whether further therapy was needed or likely to be effective. The request was not medically necessary.