

<b>Case Number:</b>	CM15-0173482		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 44 year old male, who sustained an industrial injury on 09-05-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for abdominal hernia, low back pain, lumbar radiculopathy, and lumbar disc disorder. Medical records (03-24-2015 to) indicate ongoing low back pain. Per the progress report dated 03-22-2015, pain levels were 5-8 out of 10 on a visual analog scale (VAS), and 4-7 out of 10 on 07-07-2015 and 08-04-2015. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-04-2015, revealed restricted range of motion (ROM) of flexion to 45° and extension to 5° in the lumbar spine due to pain. There was also tenderness to palpation over the lumbar paravertebral muscles, positive facet loading bilaterally, mildly decreased motor strength of the ankle dorsi-flexors and ankle plantar flexors bilaterally, and slightly decreased sensation over the lateral claves bilaterally. This was not changes from previous exam dated 07-07-2015. Relevant treatments have included reported physical therapy (PT), work restrictions, and pain medications. According to the QME (qualified medical evaluation), dated 05-12-2015, 9 sessions of PT was ordered and planned in 2013; however, there was no further information regarding this PT and it outcome. The request for authorization (06-05-2015) shows that the following therapy was requested: 12 sessions of PT to the lumbar spine (2x6). The original utilization review (08-11-2015) partially approved the request for 12 sessions of PT to the lumbar spine (modified to 6 sessions) based on no documentation of previous PT therefore a trial period was allowed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy 12 sessions to the lumbar spine, 2x6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in September 2012 and underwent a lumbar fusion in April 2014 complicated by a hernia. He continues to be treated for pain throughout his spine and bilateral hip and lower extremity pain. When seen, his body mass index was over 33. There was a slowed, stooped gait. He had decreased and painful lumbar range of motion with tenderness and positive facet loading. There was bilateral greater trochanteric tenderness. He had decreased lower extremity sensation and strength with testing limited by pain. Norco, Lyrica, and omeprazole were prescribed. Physical therapy is being requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.