

<b>Case Number:</b>	CM15-0177937		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 62 year old female, who sustained an industrial injury on 12-13-11. The injured worker has complaints of back pain. Cervical spine examination revealed tenderness over the bilateral trapezial region with extension is 35 range of motion and flexion is 45. Lumbar and sacral spine examination revealed positive sacral notches. Straight leg raise was normal on the right and left. X-rays showed degenerative spondylolisthesis with disc herniation L4-5 and small midline annular tear L5-S1 (sacroiliac). Magnetic resonance imaging (MRI) of the lumbar spine on 4-6-15 revealed diffuse lumbar spondylolisthesis, most pronounced at L4-L5 and L5-S1 (sacroiliac); at L4-L5 an annular fissure is seen within the posterior disc, an approximately 2 to 3 millimeter broad-based disc bulge in conjunction with facet arthropathy and ligamentum flavum thickening results in mild spinal canal stenosis; L5-S1 (sacroiliac) an annular fissure is seen within the posterior disc, a 2 millimeter broad-based central disc protrusion extends into the bilateral subarticular recesses and contact, the descending bilateral S1 (sacroiliac) nerve roots and additional levels of lumbar spondylosis as described above, straightening of the normal lumbar lordosis is seen, which may be due to muscle spasm. Magnetic resonance imaging (MRI) of the cervical spine on 6-7-12 revealed straightening of the cervical spine, which may be positional or related to spasm and degenerative disc and facet joint disease. The diagnoses have included spondylolisthesis; thoracic sprain and strain and instability lumbar. Treatment to date has included physical therapy; cold packs; chiropractic therapy and transcutaneous electrical nerve stimulation unit. The documentation noted on 7-30-15 the injured worker has had five weeks of physical therapy that is helping her back symptomatology.

The injured worker is described as a permanent and stationary state and future medical care. The original utilization review (8-17-15) non-certified the request for additional physical therapy 2 times a week for 6 weeks to the lumbar spine.

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

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

**Additional physical therapy 2 times a week for 6 weeks to the lumbar spine:** Upheld

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

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

**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 2011 P&S 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 additional physical therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary and appropriate.