

<b>Case Number:</b>	CM15-0178207		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 38-year-old female, with a reported date of injury of 10-14-2010. The diagnoses include lumbar radiculopathy, low back pain, lumbar sprain, sciatica, and peripheral neuropathy. Treatments and evaluation to date have included Norco, Fentanyl patch, epidural steroid injections (failed), lumbar spine fusion in 2012, Cyclobenzaprine, Tylenol with Codeine, and a TENS unit. The diagnostic studies to date have included an MRI of the lumbar spine on 05-23-2015 which showed interspinous progress fusion of L5-S1, and small central disc protrusion and disc encroachment into the neural foramen bilaterally at L5-S1. The medical report dated 08-12-2015 indicates that the injured worker complained of pain in her lumbar spine. She did not have radiating pain down the legs. The pain was associated with weakness. An electrodiagnostic study of the bilateral lower extremities on 08/12/2015, which showed trace positive waves in the left bicep femoris and the lower lumbar paraspinals and some mild positive waves in the right bicep femoris and fibrillations. The physical examination showed diffuse tenderness at L1-5 paraspinal muscles, limited range of motion of the lumbar spine in all planes due to pain, normal lumbar paraspinal muscle strength, and positive bilateral straight leg raise test. It was noted that the injured worker would remain off work due to persistent pain and lack of functional abilities. The physical therapy report dated 08-18-2015 indicates that the injured worker complained of constant low back pain with radiation to the lower leg. She rated her pain 10 out of 10, and reported weakness in both legs. The objective findings include decreased lordosis, tenderness to palpation of the bilateral lumbar paraspinals, trigger points, tightness in the bilateral hamstrings, paraspinals, and lateral trunk walls, and positive bilateral supine straight

leg raise tests. It was noted that the injured worker had functional deficits and was unable to walk. The treatment plan included visits 3 times a week for 4-8 weeks as needed. The treating physician requested physical therapy for the lumbar spine three times a week for four weeks. On 09-02-2015, Utilization Review (UR) non-certified the request for physical therapy for the lumbar spine three times a week for four weeks.

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

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

#### **Physical Therapy 3x week x 4 weeks for 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 2010 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 3x week x 4 weeks for the Lumbar Spine is not medically necessary or appropriate.