

<b>Case Number:</b>	CM15-0047957		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	12/03/2006
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Maryland

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

### 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 (IW) is a 64 year old male who sustained an industrial injury on 12/03/2006. He reported back pain. The injured worker was diagnosed as having thoracic compression fractures, lumbar disc disease spondylolisthesis, intractable pain, left and right knee arthropathy (post-op arthroscopies). Treatment to date has included medications and a home exercise program. Currently, the injured worker complains of constant, burning sharp back pain rated a 9/10 with neck stiffness and left sided headache, and increasing left side low back pain that is deep and stabbing. The back pain extends to the left lower extremities with numbness on the lateral thigh due to cold and raining weather. Pain is managed with oral pain medications that reduce the pain to a 3/10. Midback pain remains the most difficult symptom for which he is taking two Oxycodone daily, and two Percocet daily with help. The medications reduce this pain from an 8 to a 3-4. The treatment plan was for physical therapy of the thoracic and lumbar spine to improve strength, range of motion and flexibility and lower oral pain medication usage while continuing an independent exercise program at home. Physical Therapy for the thoracic and lumbar spine Qty: 8 are requested. The 4/23/15 exam findings only reveal increase in normal thoracic kyphosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the thoracic and lumbar spine Qty: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy for the thoracic and lumbar spine Qty: 8 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition with transition to a home exercise program. The physical exam findings do not reveal deficits that would necessitate a supervised physical therapy program. It is unclear how many prior PT sessions the patient has had for his thoracic and lumbar spine given a work injury in 2006 and why he is unable to perform these exercises at home independently. The request for physical therapy for the thoracic and lumbar spine Qty: 8 is not medically necessary.