

<b>Case Number:</b>	CM15-0068279		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/15/2003
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 66 year old male, who sustained an industrial injury on 1/15/03. The reported initial complaints are neck and low back. The injured worker was diagnosed as having brachial neuritis; lumbar spinal stenosis; progressive L1-L5 scoliosis; L2-4 spondylolisthesis; history of cervical fusion (2007); thoracic sprain; left shoulder impingement. Treatment to date has included chiropractic care; Thoracic spine MRI (7/20/12); Lumbar spine MRI (6/7/13); status post L4-5 instrumentation surgery (10/2009); medications. Currently, the PR-2 notes dated 2/9/15 indicate the injured worker complains of progressively numbness more frequent than before, from lumbar to legs , exacerbated by standing straight. He is unable to get approval for Lunesta. The notes also document the injured worker complains of bilateral shoulder pain with decreased range of motion and chronic low back pain deteriorating with symptoms concentrated in the low back, radiating down to the legs. The provider's treatment plan includes continuation of wearing the lumbar brace; medications and twelve outpatient physical therapy for the lumbar spine, two times six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve outpatient physical therapy for the lumbar spine, two times six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions to the lumbar spine two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are brachial neuritis; spinal stenosis lumbar; status post lumbar fusion and laminectomy; L2 - L4 spondylolisthesis; thoracic strain; history cervical fusion; chronic insomnia (pain related); and left shoulder pain. Subjectively, according to a February 9, 2015 progress note, the injured worker has complaints of numbness, more frequent from the lumbar spine radiating down the legs. He has bilateral shoulder pain and chronic low back pain symptoms concentrated at the low back. The date of injury is January 15, 2003. The worker has received physical therapy in the past. The injured worker is presently deciding whether to undergo a repeat lumbar surgery. The current treatment plan is for chronic low back pain. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction. There is no documentation of prior physical therapy. Based on the prior lumbar surgeries it would be likely the injured worker had prior to physical therapy despite the lack of documentation. A six visit clinical trial is clinically indicated with a reevaluation to determine objective functional improvement after the 6 visits. Consequently, absent guideline recommendations recommending 12 physical therapy sessions (according to the recommended guidelines for a six visit clinical trial), 12 physical therapy sessions to the lumbar spine two times per week times six weeks is not medically necessary.