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| <b>Case Number:</b>   | CM15-0070233 |                              |            |
| <b>Date Assigned:</b> | 04/17/2015   | <b>Date of Injury:</b>       | 02/14/1992 |
| <b>Decision Date:</b> | 05/19/2015   | <b>UR Denial Date:</b>       | 03/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/13/2015 |

### 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: California

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:

This 64 year old female sustained an industrial injury to the low back on 2/14/92. Previous treatment included back surgery, physical therapy and medications. In a progress note dated 3/11/15, the injured worker complained of ongoing low back pain. The injured worker was working full time as a flight attendant. The injured worker reported that in-flight turbulence exacerbated her pain. The injured worker reported that recent physical therapy had been helpful. Physical exam was remarkable for normal gait, tenderness to palpation to the lumbar spine paraspinal musculature with restricted range of motion, intact sensation and pulses within normal limits. Current diagnoses included lumbago, lumbar spine herniated nucleus pulposus and lumbar post laminectomy syndrome. The treatment plan included physical therapy twice a week for six weeks. A progress report dated March 12, 2015 indicates that the patient has completed physical therapy and it was "very helpful."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice weekly for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many therapy sessions have already been provided, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.