

<b>Case Number:</b>	CM15-0070405		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	06/14/1993
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/23/2015
<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, 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 67-year-old male, who sustained an industrial injury on June 14, 1993. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having with displacement of lumbar intervertebral disc, posterior surgical spine syndrome, and status post anterior and posterior lumbar 4-sacral 1 fusion. Diagnostic studies were not included in the provided medical records. Treatment to date has included medications including pain, muscle relaxant, and proton pump inhibitor. On February 13, 2015, the injured worker complains of bilateral calf pain over the past two weeks. He reports "his muscles feel like coming apart". He is status post redo fusion at lumbar 4-sacral 1 on October 13, 2014. The physical exam revealed tenderness to deep palpation of the calves and no significant swelling. The treatment plan includes Doppler study of the bilateral lower extremities to rule out deep vein thrombosis and then start 12 sessions of physical therapy for the bilateral lower extremities. The requested treatments are Doppler study of the bilateral lower extremities and 12 sessions of physical therapy for the lumbar and bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 of the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**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, physical therapy two times per week for six weeks to the lumbar spine 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 exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are displacement of lumbar intervertebral disc; postsurgical spine syndrome; and status post revision fusion lumbar spine October 13, 2014. The most recent progress in the medical record is dated March 3, 2015 (by the treating orthopedic surgeon). Subjectively, the injured worker is doing well, pain is better, but the injured worker still complains of pain in the back and legs. The injured worker complains of "nerve pain in the legs. The injured worker had a Doppler of the lower extremities that was negative. There are no physical therapy progress notes covering the postsurgical phase of the injured worker's recovery. It is unclear how many physical therapy sessions the injured worker received. There is no documentation of objective functional improvement with prior physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week than six weeks to the lumbar spine is not medically necessary.

**Physical therapy 2 x 6 to the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**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) Knee and leg section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks of the bilateral lower extremities 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 exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are displacement of lumbar intervertebral disc; postsurgical spine syndrome; and status post revision fusion lumbar spine October 13, 2014. The most recent progress in the medical record is dated March 3, 2015 (by the treating orthopedic surgeon). Subjectively, the

injured worker is doing well, pain is better, but the injured worker still complains of pain in the back and legs. The injured worker complains of "nerve pain in the legs. The injured worker had a Doppler of the lower extremities that was negative. There are no physical therapy progress notes covering the postsurgical phase of the injured worker's recovery. It is unclear how many physical therapy sessions the injured worker received. There is no documentation of objective functional improvement with prior physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks of the bilateral lower extremities is not medically necessary.