

<b>Case Number:</b>	CM15-0078101		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/25/2004
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 50-year-old female, who sustained an industrial injury on June 25, 2004. She has reported back pain, buttock pain, and leg pain. Diagnoses have included failed back syndrome, lower back pain, sacroiliitis, and lumbar/lumbosacral degenerative disc disease. Treatment to date has included therapy, epidural injections, lumbar spine fusion, imaging studies, and diagnostic testing. A progress note dated March 13, 2015 indicates a chief complaint of back pain, bilateral buttock pain, and bilateral leg pain. Physical examination of the low back revealed tenderness on palpation, positive pelvic compression test, and limited range of motion. The treating physician documented a plan of care that included physical therapy for the lumbar spine. The patient's surgical history includes lumbar fusion. The patient has had X-ray of the low back that revealed s/p fusion and hardware was in good position. The patient has had MRI of the low back that revealed L4-5 stenosis on 11/19/14. Patient has received an unspecified number of PT visits for this injury. The current medication list was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Request: 12 sessions of physical therapy for the lumbar spine. The guidelines cited below state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 12 sessions of physical therapy for the lumbar spine is not fully established for this patient.