

<b>Case Number:</b>	CM15-0093385		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 70 year old male with an industrial injury dated 1988. His diagnoses included lumbago and difficulty in walking. Prior treatments included spine stimulator, extensive physical therapy, and home exercise program. The submitted records only contain physical therapy progress notes. According to the physical therapy progress note dated 03/04/2015 the injury resulted from a fall. He states he was told he had nerve damage and was diagnosed with complex regional pain syndrome. He noted increased difficulty walking, performing housework and yard work, difficulty moving in bed and transitioning from supine to sit and sit to stand positions. He reports his pain has improved significantly since beginning physical therapy. He says he is able to move better with less pain when transferring on and off a chair and with bed mobility. He notes improved strength in his leg with less frequency of it buckling when walking. He notes he is having right lower back, side and lateral hip pain with worst pain rated as 9 and best as 3-4. Previous findings as of 02/16/2015 were worst pain 9, best 6 and current 7. Lumbar range of motion was decreased and painful. The physical therapy assessment document noted improved pain, strength and improved function. The injured worker felt his pain was making slow but steady improvement. Physical therapy notes dated 01/23/2015 - 03/04/2015 is available in the submitted records. In the visit progress note dated 01/26/2015 Oswestry low back pain outcome measurement tool was 46% disability. In the 03/04/2015 note the Oswestry low back pain outcome measurement tool was 36% disability. This request is for 12 physical therapy sessions to lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 physical therapy treatments to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines (Lumbar).

**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 treatments for 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are lumbago; and difficulty walking. The date of injury is October 15, 1998. There are no physician progress notes in the medical record. Medical record contains 45 pages of physical therapy progress notes. In January 2015 an additional 18 sessions of physical therapy were authorized. The prior number of physical therapy sessions (over the 17 years since the date of injury) is unspecified. There is no documentation of prior physical therapy with objective functional improvement (prior to January 2015). The injured worker received 18 additional physical therapy sessions from January 2015 to March 4, 2015. The worker should be well versed in a home exercise program based on prior physical therapy and the 18 sessions of recent physical therapy to the lumbar spine. There is improved pain and strength indicating improved function in the record. As noted above, there is no physician/provider input reviewing the physical therapy progress notes. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted, 12 physical therapy treatments for the lumbar spine is not medically necessary.