

<b>Case Number:</b>	CM15-0097768		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 56 year old female, who sustained an industrial injury on August 6, 2007. She reported lower back pain. The injured worker was diagnosed as having thoracic/lumbosacral neuritis unspecified and lumbar spinal stenosis without neurogenic claudication. She is status post lumbar 3-5 discectomy, decompression, and fusion in 2012; status post lumbar decompression, fusion exploration, and removal of hardware in 2013. Diagnostic studies to date have included MRIs, electromyography/nerve conduction study, myelogram, and x-rays. Treatment to date has included physical therapy, work modifications, a four wheeled walker with transition to a four point cane, a lumbar brace, epidural steroid injections, a bone growth stimulator, and medications including short-acting and long acting pain, muscle relaxant, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. On November 20, 2014, the injured worker reports no change in symptoms or any new complaints. She has not returned to work at this time. The physical exam revealed normal lumbar extension, 50% decreased lumbar flexion and side bending, and decreased strength of the left tibialis anterior, extensor hallucis longus, peroneal, posterior tibialis, and gastrocnemius muscles. There was decreased sensation in the left anterolateral leg/calf and dorsum/plantar left foot. The requested treatment includes 12 sessions of physical therapy for the lumbar.

### 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 for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**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 from six weeks 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 worker's working diagnoses are thoracic/lumbosacral neuritis unspecified; and spinal stenosis lumbar, without neurogenic claudication. According to a progress note dated November 20th 2014, the injured worker has no change in symptoms or any new complaints. Objectively, lumbar spine is within normal limits with no tenderness. Range of motion flexion is 50%. Motor examination is 5/5 except the left tibialis anterior 4/5, EHL4-/5 and posterior tibial and gastrocnemius 4/5. The total number of physical therapy sessions to date is unspecified. The request for authorization is dated April 15, 2015. The most recent progress note from the requesting physician is November 20, 2014. There are no contemporaneous progress notes on or about the date of request for authorization. There are minimal objective clinical findings on the physical examination dated November 20, 2014. There is no updated clinical indication or rationale for additional physical therapy. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent contemporaneous clinical documentation on or about the date of request for authorization dated April 15, 2015, minimal clinical objective findings on physical examination of the lumbar spine in the November 20, 2014 progress note, an unspecified number of prior physical therapy progress notes and compelling clinical documentation indicating additional physical therapy is warranted (according to the guidelines), physical therapy two times per week from six weeks the lumbar spine is not medically necessary.