

<b>Case Number:</b>	CM15-0099589		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	03/16/2004
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Massachusetts

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:

The injured worker is a 48-year-old male, with a reported date of injury of 03/16/2004. The diagnoses include lumbar discogenic pain, lumbar radiculopathy, history of lumbar discectomy, history of decompression at L4-5 and L5-S1 complicated by postoperative infection and treated with repeat irrigation and debridement, and history of two level disc replacement at L4-5 and L5-S1. Treatments to date have included lumbar spine surgeries in 2011 and 2006; oral medication; physical therapy; and electric heating pad. The medical progress report dated 04/13/2015 indicates that the injured worker continued to experience aching and burning low back pain with radiation down both legs. There was associated numbness in the left anterior thigh and in the bottoms of both feet. The injured worker rated his pain 6-7 out of 10. It was noted that he was undergoing physical therapy treatment which had been beneficial with strengthening and temporary pain control. He was able to walk longer with the physical therapy, and would like to continue treatment. The medications helped bring his pain down from 10 out of 10 to 5-6 out of 10. The objective findings include a well-healed midline lumbar scar; an antalgic gait; moderate lumbar paraspinal muscle tenderness; limited range of motion of the lumbar spine in flexion; diminished sensation to light touch on the anterior left thigh; and moderate crepitus in the right knee and no obvious effusion. The previous physical therapy reports were not included in the medical records provided for review. The treating physician requested eight (8) additional physical therapy visits for the lumbar spine. It was noted that the physical therapy was for low back pain and lumbar radiculopathy, pain control, strengthening, mobility, and transition to a home exercise program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) additional physical therapy visits for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for radiating low back pain. When seen, pain was rated at 6-7/10. There had been benefit from physical therapy treatments. Physical examination findings included an antalgic and slow gait. There was moderate lumbar paraspinal muscle tenderness and decreased lumbar flexion. There was decreased left thigh sensation and moderate crepitus of the right knee. Authorization for an additional eight physical therapy treatment sessions was requested. Medications were prescribed. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments and would be in excess of what might be needed to finalize his home exercise program. The additional physical therapy is not medically necessary.