

<b>Case Number:</b>	CM13-0010845		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 39 YO, male with a date of injury of 08/06/2012. The most recent progress report, dated 07/18/2013, states the patient has a diagnosis of lumbar disc degeneration, lumbar radiculitis, and bilateral bursitis. It is noted that physical therapy has helped the patient with pain intensity and this request is for additional physical therapy 2 times a week for 3 weeks. The Utilization Review, dated 08/05/2013, subsequently denied the requested additional sessions for exceeding recommended guidelines and lack of information regarding the patient's functional response to validate subsequent sessions. It is noted that the patient has been seen by multiple doctors. The progress report, dated 08/07/2012, recommends 3x2 PT for lumbar pain reduction. The progress report, dated 08/16/2012, requests 3x2 PT and notes patient's symptoms have not improved. The chart note, dated 01/15/2013, indicates a request was made for PT 2x4 for the lumbar area. The progress report, dated 02/14/13, states the patient has some decreased pain with PT, but the reports that follow, dated 03/20/2013 and 04/10/2013, point to continued lumbar pain and discomfort. The progress report, dated 05/01/2013, states the patient complained of continued low back pain radiating to hips, down lower extremity. Treatment plan requests additional 2x3 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Physical Therapy visits for the lumbar spine between 8/2/2013 and 9/16/2013:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back - Lumbar & Thoracic, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The treating physician is requesting additional 6 physical therapy sessions. The most recent progress report, dated 07/18/2013, indicates the employee has a diagnosis of lumbar disc degeneration, lumbar radiculitis, and bilateral bursitis. It is noted that physical therapy has helped the employee with pain intensity and the request is for additional physical therapy 2 times a week for 3 weeks. The Utilization Review, dated 08/05/2013, subsequently denied the requested additional sessions for exceeding recommended guidelines and for lack of information regarding the employee's functional response to validate subsequent sessions. It is noted that the employee has been seen by multiple doctors. The progress report, dated 08/07/2012, recommends 3x2 PT for lumbar pain reduction. The progress report, dated 08/16/2012, requests 3x2 PT and notes the employee's symptoms have not improved. The chart note, dated 01/15/2013, indicates a request was made for PT 2x4 for the lumbar area. The progress report dated 02/14/13 indicates that the employee has some decreased pain with PT, but the reports that follow, dated 03/20/2013 and 04/10/2013, point to continued lumbar pain and discomfort. The progress report, dated 05/01/2013, indicates the employee complained of continued low back pain radiating to hips and down the lower extremity. The treatment plan requests additional 2x3 physical therapy sessions. No functional improvement was documented. The MTUS guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis. The employee has exceeded the allowed recommended visits. There is no new injury, flare up or decline in function noted in the medical files that accompanied the request for additional physical therapy sessions. Recommendation is for denial