

<b>Case Number:</b>	CM13-0012584		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/19/1996
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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:

The records presented for review indicate that this 70-year-old male was reportedly injured on January 19, 1996. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 11, 2013, indicated that there were ongoing complaints of low back pain and difficulty with standing and ambulation. The claimant tapered the methadone to 10 mg twice daily, without a significant difference in pain. The claimant was status post a fusion at the L4-L5 and L5-S1 level. The physical examination demonstrated a forward lean in his walker. Deep tendon reflexes were marginally elicitable but symmetric. Body Mass Index (BMI) is 43.1. He was able to walk on heels. Details of the prior physical therapy are not disclosed, other than the fact that physical therapy is being "revisited". A request was made for 12 sessions of physical therapy to treat the lumbar spine and was not certified in the pre-authorization process on August 9, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TO TREAT THE LUMBAR SPINE (3X4): Upheld**

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

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

**Decision rationale:** California MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of ten visits for management of an acute flare of symptoms. Based on the clinical documentation provided, there is no indication of an acute flare of symptoms. Furthermore, the requested therapy exceeds the guideline recommendations of ten visits. As such, this request is recommended as not medically necessary.