

<b>Case Number:</b>	CM13-0032399		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 and 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:

The patient is a 60-year-old male who reported an injury on 11/03/2008. The mechanism of injury was catching a heavy piece of equipment as it was falling. His initial injuries were to his low back, left hip, and right groin. His initial course of treatment included medication, activity modification, and chiropractic care. Unofficial MRI of the lumbar spine was performed in approximately 11/2008, and revealed abnormalities, although unspecified. In 12/2008, the patient was referred to physical therapy with very minimal results. In 03/2009, it is noted that the patient received unspecified injections to the lower back and right groin area; he reported only temporary relief. In 03/2010, the patient underwent a lumbar discectomy at an unknown level. In 01/2011, the patient underwent an anterior lumbar fusion also at an unspecified level, with an unknown duration of postoperative physical therapy. An MRI of the lumbar spine that was performed approximately 6 to 8 weeks after his fusion, reported a non-fusion, and additional surgery was recommended. Therefore, in 06/2012, he underwent a lateral lumbar re-fusion and suffered an MI (myocardial infarction) the following day. The patient continued to have pain that radiated down the bilateral legs and has had multiple repeat physical therapy sessions to date. A recent CT with contrast performed on 08/20/2013 showed no abnormalities. The patient is currently receiving narcotic medication management to treat his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy-low back, 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. It is recommended that all physical therapy be given a 6 session trial to provide evidence of efficacy and need for extension of treatment. For unspecified myalgia and myositis and unspecified neuralgia, neuritis, or radiculitis, 8 to 10 sessions of physical therapy is recommended by guidelines. A review of the records indicates that the current request for 8 sessions of physical therapy exceeds guideline recommendations. As such, the request for physical therapy - low back, 2 times per week for 4 weeks is non-certified.