

<b>Case Number:</b>	CM13-0049172		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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, has a subspecialty in Pain Management, 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 59-year-old male with date of injury on 06/18/2012. The progress report dated 09/25/2013 by [REDACTED] indicates that the patient's diagnosis includes spinal/lumbar DDD (degenerative disc disease), disk disorder lumbar, lumbar radiculopathy, and low back pain. The patient continues with severe low back pain rated at an 8/10. The patient reports being in too much pain to perform his home exercise program and ADLs (activities of daily living). He notes that he is physically unable to perform the exercises he learned in physical therapy previously. Physical exam findings indicated restricted range of motion with flexion at 30 degree and 5 degrees extension. The patient had tenderness to palpation over the lumbar spine, lumbar facet loading is positive, straight leg raising test is negative. Sensory exam indicates light touch sensation is decreased over the L3-L5 dermatomes on the right side. A request was made for 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy on the lower back:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: The records indicate that the patient continues with severe low back pain. The patient reports not being able to perform home exercise program and has not able to perform exercises he learned in physical therapy previously. The treating physician requests 12 sessions of physical therapy. The Chronic Pain Medical Treatment Guidelines regarding the physical medicine on page 98 and 99 allow for fading of treatment frequency plus active self-directed home physical medicine and recommends up to 10 sessions of physical therapy for myalgia and myositis, neuralgia, neuritis, and radiculitis. It is unclear by the records how many sessions the patient has had previously of physical therapy or when these therapy sessions were performed. However, the request for the 12 sessions of physical therapy exceeds the recommended amount allowed by the Chronic Pain Medical Treatment Guidelines. The request for twelve sessions of physical therapy on the lower back is not medically necessary or appropriate.