

<b>Case Number:</b>	CM13-0051567		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/04/1991
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 69 year old male with date of work injury is 2/4/91. The diagnoses includes lumbar degenerative joint disease/degenerative disc disease and lumbar neuritis/radiculitis. The patient had a failed laminectomy lumbar surgery in 1985. A 4/3/13 utilization review denied 6 visits of PT since patient was getting a lumbar MRI and erring on the side of caution prior to any therapy. There is an 11/9/13 request for 12 visits of PT. There is a 7/8/13 appeal of denied services which states that this patient has been suffering with primarily low back pain and variable episodes of radiation to the lower extremity for a long period of time. The patient has tried various therapy modalities as well as various medications including anti-inflammatory medications and analgesics. but the pain is persisting. At this time, the patient has exhausted multiple non-operative treatment modalities for a long period of time. At this time the proper course of action is to provide epidural steroid injections. There is a 9/16/13 procedure note stating that patient received bilateral L4-5, L5-S1 facet blocks as well as an injection of steroid and anesthetic in the lumbar epidural space. There is a 10/3/13 primary treating physician progress report which states that the patient received benefit from the 9/16/13 injection and rarely has pain and is feeling a lot better. The medications he takes are Norco and Naproxen. On examination the gait is symmetrical. There is a plan that includes physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE LUMBAR SPINE 3 TIMES A WEEK FOR 4 WEEKS (12 VISITS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99-100.

**Decision rationale:** Physical therapy for the lumbar spine 3 times a week for 4 weeks (12 visits) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits of therapy for patient's lumbar condition. The request for 12 exceeds the recommendations. Additionally the documentation indicates that the patient has had extensive conservative treatment in the past. With an injury in 1991 it is unclear from the current documentation how much therapy he has had for his low back in the past and the efficacy of this therapy. Without this information it is not possible to certify additional therapy. Therefore, the request for physical therapy for the lumbar spine 3 times per week for 4 weeks /(12 visits) is not medically necessary.