

<b>Case Number:</b>	CM14-0152857		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/10/1998
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Occupational Medicine 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:

This case is a 52 year old male with a date of injury on 8/10/1998. A review of the medical records indicate that the patient has been undergoing treatment for lumago and cervical spondylosis. Subjective complaints (8/12/2014) include mild back pain rated 6/10 with medications and 9/10 without medications, radiation to bilateral legs, and low back pain. Objective findings (5/6/2014, 8/12/2014) include tenderness to bilateral thoracic and lumbar muscles, decreased lumbar range of motion, normal lower extremity reflexes, decreased left hip flexor strength, decreased light touch sensation over left lateral foot, medial foot, 1st toe. Treatment has included Cymbalta, norco, lorzone, amlodipine, allopurinol, indomethacin, chiropractic sessions (5+ sessions), acupuncture therapy (20 sessions), physical therapy (at least 4 sessions). A utilization review dated 8/28/2014 non-certified a request for Physical therapy 2x6 for a total of 12 visits evaluate and treat lumbar spine due unknown number of prior physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 for a total of 12 visits evaluate and treat lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that the patient underwent 4 session of physical therapy and stopped after the trial. The treating physician notes (5/13/2014) that there was no improvement in pain. Per guidelines, continued objective and subjective improvements are needed before additional session can be authorized. The medical records do not document improvement. Additionally, the request 12 sessions plus the prior 4 sessions would equal 16 sessions, which is far in excess of the 10 sessions maximum per guidelines. As such, the request for Physical therapy 2x6 for a total of 12 visits evaluate and treat lumbar spine is not medically necessary.