

<b>Case Number:</b>	CM14-0023164		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	01/07/1999
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with date of injury of 01/07/1999. The listed diagnosis per [REDACTED] dated 01/13/2014 are: 1. Degenerative disk disease of the lumbar spine with facet arthritis and multiple disk herniations 2. Chronic back pain 3. Bilateral lower extremity pain. According to the report, the patient has been doing home exercises and is utilizing his medications. He reports that physical therapy was very beneficial and that he has received 16 visits to date. The patient reports pain in the left side of the chest, mid, and low back, left knee, and right ankle. The patient also reports intermittent numbness and tingling radiating from the low back to the posterior of both thighs. The physical exam shows mild tenderness noted in the lumbosacral area. Extension does cause pain radiating to the buttocks. He does have significant facet arthritis. The utilization review denied the request on 01/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY 2XWK X 4WKS FOR THE LUMBAR SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The treating physician is requesting 8 additional sessions of physical therapy for the lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 10/10/2013 shows that the patient has received 16 physical therapy sessions recently. In addition, the therapist had documented, "He has demonstrated moderate improvement in low back and function, though he continues to have left lateral rib pain with upper body movements. He has been instructed in several stretching exercises to manage his symptoms. He will continue to perform these at home." In addition, the therapist states that the patient has achieved approximately 50% of his functional goals and has continued to progress but he can be discharged from in-clinic care to manage or start a home exercise program. The patient has received a total of 16 physical therapy sessions recently. He is also able to perform his home exercise program with no reported difficulties. In this case, the requested 8 additional sessions combined with the previous 16 exceeds MTUS recommendations of 8 to 10 visits. The patient should be able to continue with his current home exercise program. The request is not medically necessary and appropriate.