

<b>Case Number:</b>	CM14-0034279		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/22/2000
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Neurological Surgery, 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 injured worker is a 68-year-old injured on January 22, 2000. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated November 13, 2013, indicated that there were ongoing complaints of low back pain. There was a history of a previous laminectomy. No focused physical examination was performed. The treatment plan included starting Norco and referral to physical therapy. Diagnostic imaging studies objectified significant degenerative disc disease at multiple levels with multilevel neuroforaminal narrowing secondary to loss of disc height. A request had been made for physical therapy three times a week for six weeks and was not certified in the pre-authorization process on March 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy three times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy guidelines (lumbar).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Page(s): 58-59.

**Decision rationale:** According to the attached medical record, the injured employee has participated in sixteen sessions of physical therapy in the past for his low back pain. After these many sessions, the injured employee should be well-versed on what is expected of physical therapy for his lower back and should be able to do this on his own at home with a home exercise program based on Chronic Pain Medical Treatment Guidelines. The request for continued physical therapy three times a week for six weeks is not medically necessary or appropriate.