

<b>Case Number:</b>	CM14-0047681		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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, 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 53-year-old male with an injury date on 07/05/2012. Based on the 02/24/2014 progress report provided by the provider, the patient presents with low back pain. The diagnoses include degenerative disc disease of the lumbar spine. Per 02/24/2014 report, the patient low back pain is constant with radiating pain to both lower legs, "pain worsen by ten pounds of lifting, five minutes of sitting, one half hour of standing, forward bending at the waist and tuning." "Low back pain is rated up to 7/10." MRI (magnetic resonance imaging) on 08/12/2013 demonstrated L5-S1 Grade 1 spondylolisthesis, bilateral spondylolysis, and bilateral foraminal narrowing L4-5. The provider is requesting eight sessions of physical therapy. The utilization review determination being challenged is dated 03/25/2014. The provider is the requesting provider, and he provided treatment reports from 10/25/2013 to 06/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EIGHT (8) SESSIONS OF PHYSICAL THERAPY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2007), Chapter 12), pg. 134, and Official Disability Guidelines (ODG), Physical therapy guidelines.

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

**Decision rationale:** The patient presents with constant low back pain with numbness and weakness to the lower left extremity. The treating physician has asked for eight sessions of physical therapy per 02/24/2014 report. Reviews of the reports from 10/25/2013, 12/06/2013, 02/28/2014, and 03/06/2014 do not show any discussion regarding prior or recent therapy treatments or how the patient did with therapy in the past. For myalgia, myositis and neuritis type of problems, the MTUS guidelines recommend 8-10 sessions of therapy. Reviews of the reports show no recent therapy treatments and the requested 8 sessions appear reasonable. As such, the recommendation is for authorization.