

<b>Case Number:</b>	CM13-0038397		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/23/1992
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 11/23/1992. The diagnoses have included lumbosacral spondylosis without myelopathy, failed low back surgery syndrome, chronic high dose opiate use, and chronic depression. Treatment to date has included surgical intervention and conservative treatment. Currently, the injured worker complains of back pain, rated 3-8/10, with muscle spasm. Tenderness to palpation was noted to the lumbar spine and paraspinals bilaterally. Decreased flexion and extension of the lumbar spine was noted, along with decreased sensation throughout both lower limbs. Straight leg raise test on the right produced severe low back pain. Tenderness to palpation of the cervical paraspinals and bilateral upper trapezius was noted. Also noted was decreased sensation of the right C8 dermatome. Spurling's maneuver to the left or right reproduced contralateral upper trapezius pain. Current medications included Methadone, Oxycontin, Lyrica, Cymbalta, and Senna. Recent radiographic testing was not noted. On 10/17/2013, Utilization Review (UR) modified a request for 8 physical therapy sessions-lumbar spine as an outpatient for the lumbar spine, stressing home exercise program, noting the lack of compliance with ACOEM Guidelines. The UR physician noted agreement with physician assistant after a peer to peer conversation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE, AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already completed the upper limit recommended of supervised and formal physical therapy, however, the provider was interested in providing a few physical therapy sessions for the purpose of reinforcing his home exercises as he weaned down on his medications. However, the request for 8 sessions, is a little more than needed for this purpose. A request for 1-3 sessions would be more appropriate for this, and therefore, the request for 8 sessions of physical therapy will be considered medically unnecessary.