

<b>Case Number:</b>	CM14-0189089		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 who sustained a work related injury on October 3, 2012 to the lower back from lifting a motor. According to the physician report on September 23, 2014, the injured worker continues to experience mid sciatica pain, right hip pain with burning radiation to both legs that change with positioning and activity. According to the report dated June 9, 2014, the diagnosis consists of lumbar disc degeneration, lumbar spondylosis and lumbar canal stenosis. Magnetic resonance imaging of the lumbar spine dated June 6, 2013 and an X-ray on July 29, 2014 support the diagnoses of lumbar spinal stenosis and facet joint arthritis at lumbar 4-5. There was no surgical intervention to the spine documented. According to the medical report addendum of July 29, 2014 the injured worker has had six sessions of physical therapy in the past, chiropractic therapy (undocumented # of sessions and outcome) and use of a lumbosacral corset. The patient continues on anti-inflammatory medications and Hydrocodone for pain. The injured worker is on temporary total disability (TTD). The treating physician has requested physical therapy 2-3 times a week for 6 weeks to the lumbar spine, Qty: 18. On October 13, 2014 the Utilization Review modified the prescription for physical therapy to the lumbar spine, decreasing the number of sessions to 4. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, Physical Medicine and the Official Disability Guideline (ODG), Low Back, Physical Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 x 6 weeks to the 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 Official Disability Guidelines (ODG), Low Back, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

**Decision rationale:** The CA MTUS recommends the use of physical therapy for back pain complaints with recommendation against prolonged manipulation (greater than 4 weeks). The ODG guidelines for physical therapy are for 10 visits over 8 weeks for spinal stenosis .The request for 2-3 visits a week for 6 weeks exceeds the recommended length of therapy. Physical therapy 2-3 times a week for 6 weeks is not medically necessary.