

<b>Case Number:</b>	CM14-0197655		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

This case involves 53 year old male patient with an injury date of 09/24/2012. The patient has a surgical history of undergoing a lumbar discectomy in 1999. An MRI findings dated 01/02/2013 show multilevel degenerative disc disease with a 3 mm L5-S1 protrusion. Neurological testing dated 11/24/2014 described evaluation of the lumbar spine and left lower extremity. The subjective complaints included low back pain with radiation into the left leg of which the patient attributes to a work related injury. The results revealed no electrical evidence of lumbar radiculopathy or plexopathy and no electrical evidence of peripheral neuropathy affecting the left lower extremity. A physicians visit dated 10/29/2014, described the patient reporting low back and left lower extremity pain denoted as moderate to severe, constant, sharp, burning pain rated a 10/10 on scale. He was diagnosed with lumbar spine with left lower extremity radiculopathy, L5-S-1 retrolisthesis and facet joint hypertrophy; and 3 mm bulging disc L3-L4. The patient was prescribed temporary total disability for 4-6 weeks. Physical therapy notes provided gave progress reports for a total of 8 therapy visits ranging over the course of a 2 month time span. The most recent dated 10/08/2014, described the patient reporting "not as much pain as usual but still having a constant ache" on the lower back. The plan of care involved treating a mobility deficit secondary to lumbar stiffness, offering manual therapy, therapeutic exercise and neuromuscular re-education. A request for services dated 10/29/2014 requested outpatient physical therapy twice weekly for five weeks. The request denied by the Utilization Review as not meeting medical necessity requirements specifically involving having no evidence of functional benefit from prior therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 5 weeks to low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Back, Physical Therapy

**Decision rationale:** MTUS, ACOEM, Chapter 12 Low Back Complaints recommends a couple of physical therapy visits for instruction for a home exercise program. MTUS Chronic Pain notes a maximum of 10 physical therapy visits. This patient had at least 8 recent physical therapy visits and the request for an additional 10 physical therapy visits for the low back is not consistent with MTUS, ACOEM guidelines. Official Disability Guidelines (ODG) is similar to ACOEM, MTUS as follows: Lumbar sprains and strains 10 visits over 8 weeks; sprains and strains of unspecified parts of back, 10 visits over 5 weeks; sprains and strains of sacroiliac region, medical treatment, 10 visits over 8 weeks; Lumbago; and Backache, 9 visits over 8 weeks. The patient has had at least 8 recent physical therapy visits and the requested for an additional 10 visits is not consistent with the maximum allowed physical therapy visits for MTUS, ACOEM or ODG. Therefore, this request is not medically necessary.