

<b>Case Number:</b>	CM14-0198405		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/30/2014
<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, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 53-year-old woman with a date of injury of 03/02/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Two treating physician notes dated 10/17/2014 indicated the worker was experiencing lower back pain and headaches. Documented examinations described tenderness in the lower back, positive lumbar facet loading maneuvers, and lower back stiffness with spasms. The submitted and reviewed documentation concluded the worker was suffering from lumbar strain, spinal stenosis and foraminal narrowing at L5, cervical strain, depression, hypertension, diabetes, obesity, chronic pain syndrome, thoracolumbar radiculopathy, sciatica, fasciitis, and spinal enthesopathy. Treatment recommendations included oral medications, physical therapy, cardiac rehabilitation, modified activities, and follow up care. A Utilization Review decision was rendered on 10/30/2014 recommending non-certification for two sessions per week of physical therapy for the lumbar spine for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for six (6) weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing lower back pain and headaches. The submitted and reviewed documentation concluded the worker was suffering from lumbar strain, spinal stenosis and foraminal narrowing at L5, cervical strain, depression, hypertension, diabetes, obesity, chronic pain syndrome, thoracolumbar radiculopathy, sciatica, fasciitis, and spinal enthesopathy. The worker had twelve sessions of physical therapy earlier in the year with some benefit, although details were not provided. There was no discussion detailing the reason(s) additional sessions beyond those recommended by the guidelines were required. In the absence of such evidence, the current request for two sessions per week of physical therapy for the lumbar spine for six weeks is not medically necessary.