

<b>Case Number:</b>	CM14-0198668		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 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 injured worker (IW) is a 59-year-old man with a date of injury of March 11, 2013. The mechanism of injury was not documented in the medical record. The current diagnoses are lumbago; low back pain syndrome; and lumbalgia. Pursuant to the most recent progress note dated October 28, 2014, the IW reports that over time, his injury has improved. The IW has had physical therapy (PT), recently, and his physical therapist wished to provide additional visits. He reports the severe burning and right sacroiliac pain is gone. However, he still has some mild pain radiating down the right posterior thigh. His current medications include Gabapentin. His lumbar exam revealed decreased flexion to 70 degrees; otherwise, the IW has no remarkable findings. The IW recently completed 8 acupuncture visits, which were not helpful. The treatment plan is to continue PT for the duration of 3 times a week for 3 weeks, and request a second course of PT at 3 times a week for 3 weeks. The IW is not working. According to the UR documentation, the IW has completed 6/9 approved PT visits. There was no documentation of objective functional improvement associated with the current PT visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine 3 times a week for 3 weeks:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, physical therapy to the lumbar spine three times per week for three weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). See the Official Disability Guidelines for frequency and duration of physical therapy for specific disease states. In this case, the injured worker's working diagnoses are lumbago; low back pain; low back syndrome; lumbosacral spondylosis without myelopathy; lumbar or lumbosacral arthritis; and chronic pain syndrome. The documentation indicates the injured worker requested a second set of physical therapy sessions in September in June 2014. The request for the second set of physical therapy three sessions per week times three weeks was denied in July 2014. There is no documentation indicating objective functional improvement from the first physical therapy sessions, a prelude to requesting additional physical therapy. Additionally, the injured worker should be well-versed with exercises performed during physical therapy to continue in a home exercise program. A progress note from September 2014 indicates eight sessions of acupuncture were completed with no improvement. Consequently absent the appropriate documentation with objective functional improvement prior physical therapy, physical therapy for the lumbar spine three times per week for three weeks (additional) is not medically necessary.