

<b>Case Number:</b>	CM14-0199920		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 is a 58 year-old male with an original date of injury on April 21, 2006. The patient suffered injury to his back region from doing customary work as a meat grocer. The industrially related diagnoses are chronic pain, post laminectomy syndrome, facet arthropathy, and lumbar stenosis. Patient is currently taking Norco, Lyrica, clonazepam, Lidoderm 5% and Elavil as needed for pain. He has undergone transforaminal epidural steroid injection at left L4-L5 on May 16, 2014 with improvement. It is unclear if the patient has ever undergone physical therapy in the past based on the submitted documentation. The disputed issue is the request for physical therapy twice a week for 6 weeks. A utilization review on date November 17, 2014 has not certified this request. As stated rationale for denial was the patient has had extensive physical therapy for this chronic condition, there were no subjective and objective benefits noted from physical therapy. There was also no documentation whether claimant was not able to continue rehabilitation location on a home exercise program. Therefore, physical therapy of 12 sessions to the lower back was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for the low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.