

<b>Case Number:</b>	CM15-0000372		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/22/2004
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 36 year old male, who sustained a work injury on 11/22/04 while lifting heavy objects. Past medical history was negative. He has reported symptoms of low back pain radiating down both legs with spasms and numbness. The diagnoses have included L5-S1 degenerative disc disease. Per the primary physician's progress report (PR-2) on 11/19/14, pain was 7/10, with increase in lumbosacral pain/weakness with request for physical therapy and acupuncture for flare up as home exercise program had failed. An orthopedic consult was also ordered. Diagnostics included electromyogram /NCS (normal) , lumbar ultrasound ( normal), magnetic resonance imaging (MRI) of lumbar spine ( disc degeneration is moderate at L5-S1, mild left and mild to moderate right foraminal stenosis, with no disc extrusion or central canal stenosis). The request was for physical therapy 2 x week to the lumbar spine for 4 weeks. The Utilization Review report had reported previous certification of 12 physical therapy visits. On 12/2/14, Utilization Review non-certified Physical Therapy 2xweek x 4 weeks to the lumbar spine, noting the MTUS Guidelines for not citing reason for request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the documents provided did not include the entire history of physical therapy sessions completed since his injury in 2004. However, the previous reviewer suggested that there was already 12 sessions of physical therapy approved. Regardless of this, there was insufficient reporting in the documentation as to the reason for the request for additional supervised physical therapy. Besides failure of home exercises and increased lumbosacral pain, there was no more detail provided such as difficulty performing home exercises, the provider wanting to trial additional modalities (electrostimulation, massage, etc.) under the supervision of a physical therapist, or other reasons which might help the reviewer decide if additional supervised physical therapy is warranted. Therefore, considering the factors above, the 8 sessions of physical therapy will be considered medically unnecessary.