

<b>Case Number:</b>	CM15-0130272		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/29/2000
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 55-year-old male sustained an industrial injury to the back on 7/29/00. Magnetic resonance imaging lumbar spine (1/28/12) showed degenerative disc disease with facet arthropathy, retrolisthesis and neural foraminal narrowing. Previous treatment included magnetic resonance imaging, electromyography, physical therapy (14 sessions), chiropractic therapy (7 sessions), acupuncture (4 sessions), epidural steroid injections, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a PR-2 dated 5/5/15, the injured worker complained of increased pain on the right side of his low back with numbness that radiated down the back of the leg. The injured worker reported that his right leg wanted to give out on him when he transitioned from sitting to standing. The injured worker stated that he had had a significant increase in pain over the past two weeks. The injured worker rated his low back pain 9-10/10 on the visual analog scale. The injured worker reported that physical therapy provided temporary relief. Current diagnoses included lumbar facet arthropathy, lumbar myofascial strain, lumbago, lumbar stenosis and lumbar radiculitis. The treatment plan included medications (Diclofenac Sodium ER, Duoxetine DR, topical compound cream and Flector patch), home stretching exercise program, medial branch block at L4-L5 and L5-S1 on the right and a prescription for physical therapy twice a week for twelve weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Physical Therapy visits over 12 weeks for the lumbar spine: Upheld**

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

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

**Decision rationale:** The requested 24 Physical Therapy visits over 12 weeks for the lumbar spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has increased pain on the right side of his low back with numbness that radiated down the back of the leg. The injured worker reported that his right leg wanted to give out on him when he transitioned from sitting to standing. The injured worker stated that he had had a significant increase in pain over the past two weeks. The injured worker rated his low back pain 9-10/10 on the visual analog scale. The injured worker reported that physical therapy provided temporary relief. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 24 Physical Therapy visits over 12 weeks for the lumbar spine is not medically necessary.