

<b>Case Number:</b>	CM15-0132268		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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 58 year old female, who sustained an industrial injury on 6/15/10. She reported pain in the neck, back, right shoulder, and a headache. The injured worker was diagnosed as having lumbar spine sprain/strain and degenerative disc disease with intermittent lower radiculopathy. Treatment to date has included a lumbar trigger point injection and medication. Physical examination findings on 6/19/15 included lumbar muscle spasticity, tenderness and pain to palpation, and limited range of motion with pain. Currently, the injured worker complains of neck pain, mid back pain, low back pain, bilateral knee pain, bilateral shoulder pain, right foot pain and headaches. The treating physician requested authorization for physical therapy for the lumbar spine 2x6.

### 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, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section, pages 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 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 worker has likely completed sufficient supervised physical therapy since her injury years prior. However, the provider mentioned that she reported getting "no relief with medication or home therapy" suggesting she may benefit from a refresher course of physical therapy, although 1-3 sessions should be sufficient to re-instruct or refocus on different exercises for her to do at home which might be more helpful. The request was for a full 12 sessions, which is not needed and only directs the treatment more toward passive therapies which is not recommended by the MTUS. Therefore, the request is not medically necessary at this time.