

<b>Case Number:</b>	CM15-0135333		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 6/25/2013. Diagnoses include lumbar spondylosis with myelopathy, low back pain and chronic pain syndrome. Treatment to date has included surgical intervention (L4-5 laminectomy, undated, L2-3 fusion in 2011 which was extended to L4-5 in 2012), as well as conservative measures including diagnostics, multiple different spinal injections, physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 6/12/2015, the injured worker reported chronic low back pain and weakness in the right leg. Physical examination revealed a normal gait and lumbar lordosis. The plan of care included, and authorization was requested for 6 sessions of additional physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions for the lumbar spine:** 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 rationale:** 6 physical therapy sessions for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior low back PT sessions the patient has had or why he is unable to perform an independent home exercise program. The documentation dated 6/12/15 states that the patient recently completed 4/6 PT sessions and notices little improvement and has made very little progress. Without evidence of functional improvement from prior PT sessions the request for 6 more supervised PT sessions for the lumbar spine is not medically necessary.