

<b>Case Number:</b>	CM15-0145876		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 63-year-old male who sustained an industrial injury to his lower back on 07-30-2014 from a jarring incident while driving a forklift and lifting pallets. The injured worker was diagnosed with lumbar sprain and strain, lumbar disc desiccation and facet arthropathy. Treatment to date has included diagnostic testing, activity modification, lumbar epidural steroid injection, physical therapy and medications. According to the primary treating physician's progress report on June 9, 2015, the injured worker continues to experience pain in the lumbar area and left extremity, which is improving with current physical therapy treatment. Examination demonstrated limited range of motion and painful at end range. There was decreased sensation at the left S1 dermatome. Positive straight leg raise with localized low back pain was documented. Current medications are listed as Diclofenac, Neurontin, Lidoderm and Omeprazole. Treatment plan consists of chiropractic therapy, medication regimen and the current request for additional physical therapy twice a week for three weeks to the lumbar spine.

### 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 3 weeks lumbar spine:** Upheld

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

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

**Decision rationale:** The patient was injured on 05/13/15 and presents with low back pain. The request is for physical therapy 2 times a week for 3 weeks for the lumbar spine. The RFA is dated 05/13/15 and the patient is to remain off work until 08/11/15. Review of the reports provided indicates that the patient has had at least 5 sessions of prior physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has tenderness to palpation along his lumbar spine, a positive straight leg raise, and a decreased range of motion. He is diagnosed with lumbar sprain and strain, lumbar disc desiccation, and facet arthropathy. The 06/09/15 report states, "The patient started physical therapy on May 29, 2015 and states that he has received some benefit from his treatment. He states that physical therapy is beneficial, and attributes it to his level of energy and increased physical activities. The patient notes that he has less pain overall and is able to perform more activities with less pain. He is able to stand and walk slightly better and he also noticed that he sleeps better at night." The 06/11/15 therapy note states that the "patient feels the PT program is helpful." The patient has had at least 5 sessions of physical therapy from 05/29/15 to 06/24/15. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Although the patient is receiving benefit from his physical therapy sessions, an additional 6 sessions to the 5 sessions of therapy the patient has already had exceeds what is allowed by MTUS Guidelines. Therefore, the requested 6 sessions of physical therapy to the lumbar spine is not medically necessary.