

<b>Case Number:</b>	CM15-0161765		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 40 year old male who sustained an industrial injury on 9-1-11. The Pain Management report, dated 3-6-15, indicates that the injured worker "experienced only lower back problems due to an on-the-the job injury of opening a container door". The report indicates that diagnostics completed included x-rays, MRI scanning, and lower electrodiagnostic studies. His treatment included "physical modalities and prescription medications". His diagnoses included lumbar facet arthropathy and rule out lumbar radiculopathy. On 5-26-15, he was noted to have continued lower back pain. Shockwave therapy was recommended, as well as physical therapy for the lumbar spine. An MRI of the lumbar spine and an EMG of the lower extremities was ordered. The treatment plan was unchanged on 6-30-15.

### 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 6 weeks to Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The patient presents with lower back pain. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS TO LUMBAR SPINE. RFA with the request is not provided. Physical examination reveals tender lumbar facet L4-S1 bilaterally. Positive facet loading maneuvers bilaterally. Tender thoracic and lumbar paraspinal muscles. EMG/NCV of the lower extremity, 07/09/15, shows evidence of mild acute L5 radiculopathy on the left. Patient's medications include Naproxen, Trazodone, and Topical Creams. Per progress report dated 06/30/15, the patient is to remain off-work. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. In this case, the patient continues with lower back pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, per progress report dated 03/06/15, treater notes " [the patient] was provided physical modalities and prescription medication as treatment for this injury. In this case, treater has not provided a precise treatment history, nor discussed why the patient cannot transition into a home exercise program. Furthermore, the current request for additional 12 sessions of PT exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.