

<b>Case Number:</b>	CM15-0181853		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 64 year old male, who sustained an industrial injury on August 29, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbago and lumbar spondylosis without myelopathy. Treatment to date has included diagnostic studies, physical therapy, medication and exercises. On August 4, 2015, the injured worker complained of constant pain in his lumbar spine with radiation to his left leg and numbness to his left heel. The pain was rated as a 2-3 on a 1-10 pain scale. He stated that the pain is worse if he walks or moves side to side. He has done eight out of ten sessions of physical therapy and stated it has been helping. Treatment recommendations included continuation of physical therapy at two times a week for four weeks and a follow-up visit. On August 17, 2015, utilization review denied a request for physical therapy twice weekly for the lumbar spine quantity of 8 (per August 4, 2015 order).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twice weekly, lumbar spine, per 08/04/15 order, QTY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Therapy, twice weekly, lumbar spine, per 08/04/15 order, Qty: 8 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT but it is unclear exactly how many sessions in the past given a date of injury of 2011 and why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits. The patient's physician states that prior therapy sessions were not performing adequate physical therapy, however there are no objective documentation reports of the patient's prior lumbar physical therapy sessions. Without this information, this request for 8 more physical therapy visits is not medically necessary.