

<b>Case Number:</b>	CM15-0183300		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, Hawaii

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 58 year old male who sustained an industrial injury on 5-28-2008. A review of medical records indicates the injured worker is being treated for degenerative disc disease, lumbar. Medical records dated 8-7-2015 noted chronic lumbar back pain. This has affected his activities of daily living and he has avoided any repetitive bending or lifting. Physical examination noted normal lordosis without scoliosis. There was no tenderness to palpation. No pain. There were no spasms noted. Sensation had decreased left L4. Treatment has included medication, surgery, and physical therapy. Evaluations included MRI of the lumbar spine dated 3-27-2015. RFA dated 8-7-2015 requested physical therapy. Utilization review noncertified physical therapy 2 x a week a 6 weeks for 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 2xWk x 6Wks for the lumbar spine:** Upheld

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

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

**Decision rationale:** The records indicate the patient has complaints of chronic low back pain and bilateral leg pain, left greater than right. The current request is for physical therapy 2x per week for 6 weeks for the lumbar spine. The attending physician in his report dated 8/7/15, page (7b), indicates the patients back pain has been more problematic recently and has had to decrease his level of activity. The treating physician states the patient has not had physical therapy in the last two years and would like to see if it helps his symptoms. The CA MTUS does recommend physical therapy for chronic pain during exacerbations, at a decreasing frequency and a transition into home-based exercise. The CA MTUS recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, there is a request for 12 sessions; the utilization review indicates history of at least 39 authorized sessions already completed. The current request for 12 sessions exceeds what MTUS allows for this type of condition, and exceeds what is recommended by ODG for a trial of 6 sessions. The patient may benefit from physical therapy but a trial of 6 sessions should be performed and objective functional benefit should be demonstrated before additional physical therapy is recommended. The current request is not medically necessary.