

<b>Case Number:</b>	CM15-0183568		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/07/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 5-7-15. The documentation on 9-1-15 noted that the injured worker has complaints of feeling his back condition has worsened since his last examination and today. The injured worker describes his pain level a 9 out of 10. The injured worker ambulates with a stiff gait. Thoracic and lumbar spine examination reveals diffuse paravertebral tenderness with spasm and range of motion for flexion was 80 degrees with low back pain and extension 20 degrees with low back pain. Straight leg raise with sitting was negative bilaterally. The diagnoses have included lumbosacral spondylosis without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc; pain in thoracic spine lumbago. Treatment recommendations were to included home heat and ice as needed; topical analgesics ointment as needed; stretch and strength home exercise program; over-the-counter analgesic-anti-inflammatory medications as needed; medications as needed; physical therapy for thoracic and lumbar spine rehab twice weekly times six weeks with home program; pain management for evaluation and consideration of lumbar epidural steroid injection; lumbar corset as needed and weight loss is recommended. The injured workers current medications are mobic; voltaren and zanaflex. The original utilization review (9-11-15) modified the request for physical therapy 2 times a week for 6 weeks with home program for thoracic and lumbar spine to physical therapy 2 times a week for 4 weeks with eventual discharge to home program.

### 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 with home program for thoracic and lumbar spine:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week times six weeks with home program to the thoracic and lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spondylosis; lumbar/lumbosacral disc degeneration; thoracic spine arthralgia; and lumbago. The date of injury is May 7, 2015. The request for authorization is dated September 9, 2015. According to a July 28, 2015 progress note, the injured worker received for physical therapy sessions with little improvement. According to the most recent progress note dated September 1, 2015, the injured worker has increased back pain 9/10. Objectively, the injured worker has a stiff gait, tenderness to palpation at the lumbar spine and decreased range of motion. There were no physical therapy progress notes in the medical record. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction. The worker received #4 physical therapy sessions with little improvement. The treating provider is requesting an additional 12 physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy over the recommended six visit clinical trial is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from the initial four physical therapy sessions and guideline recommendations indicating a six visit clinical trial is clinically indicated prior to additional physical therapy, physical therapy two times a week times six weeks with home program to the thoracic and lumbar spine is not medically necessary.