

<b>Case Number:</b>	CM15-0197283		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 55 year old male, who sustained an industrial injury on 06-20-2003. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for lumbar spinal stenosis, lumbosacral radiculopathy, cervical radiculopathy, carpal tunnel syndrome, and degenerative disc disease. Treatment and diagnostics to date has included lumbar spine MRI, electromyography-nerve conduction velocity studies, physical therapy for sciatica and right knee pain (12 of 12 visits completed on 09-14-2015 and noted "patient has no new complaints, performed therapeutic exercises for range of motion and muscle strengthening with minimal discomfort, tolerated treatment well"), exercise, Supartz injection to right knee, and medications. Recent medications have included Prilosec, Zanaflex, MS Contin, Oxycodone, Doxazosin, and Tizanidine. After review of progress notes dated 08-18-2015 and 09-16-2015, the injured worker reported constant neck and low back pain. Objective findings included tenderness to back and neck and use of cane with ambulation. The Utilization Review with a decision date of 10-06-2015 non-certified the request for physical therapy 2x3 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 2 times per week for 3 weeks for lumbar spine:** Upheld

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

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

**Decision rationale:** The patient presents with constant neck and low back pain. The current request is for Physical therapy 2 x 3 for lumbar spine. The treating physician states, in a report dated 08/21/15, "Patient is to continue with physical therapy for lumbago." (71B) The MTUS guidelines allow 8-10 therapy visits. In this case, the treating physician states, in a report dated 09/24/15, "Physical therapy" has failed to provide relief. Given the lack of functional improvement and no documentation to state the number of prior PT visits completed, the current request is not medically necessary.