

<b>Case Number:</b>	CM15-0200220		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/01/2006
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 63 year old, male who sustained a work related injury on 9-1-06. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 8-31-15, the injured worker reports low back pain. He has some residual pain but "is much better." He is using his TENS unit. On physical exam dated 8-31-15, he has decreased lumbar range of motion. He has minimal tenderness to palpation of lumbar paraspinal muscles. Motor strength and sensation is essentially normal. Treatments have included TENS unit therapy and greater than 8 physical therapy sessions. He is working. The treatment plan includes a request for additional physical therapy sessions. The Request for Authorizations dated 8-31-15 has a request for physical therapy to lumbar area 2 x 6. In the Utilization Review dated 9-16-15, the requested treatment of additional physical therapy 2 x 6 for the low back is not medically necessary.

### 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 the low back: 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 63 year old patient complains of low back pain, as per progress report dated 09/14/15. The request is for Physical therapy 2 times a week for 6 weeks to the low back. The RFA for this case is dated 08/31/15, and the patient's date of injury is 09/01/06. Diagnoses, as per progress report dated low back pain and possible left hip arthrosis. The patient has been allowed to return to full duty, as per progress report dated 09/14/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: 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." In this case, a request for 12 sessions of lumbar PT is first noted in progress report dated 06/29/15. In report dated 08/03/15, the treater states "he is doing the PT and is much improved." As per report dated 08/31/15, "the therapy really helped him." The treater, therefore, requesting for 12 additional sessions for "strengthening, stretching, home exercises and modalities with traction to see if it helps." In progress report dated 09/14/15, the treater states the patient is "waiting for some more PT." While the patient appears to have benefited from prior therapy, the treater does not explain why the patient has not transitioned to a home exercise regimen. The reports do not clearly document the number of therapy sessions completed until now. Nonetheless, MTUS only allows for only 8-10 sessions in non-operative cases. Hence, the request for 12 additional sessions is excessive and IS NOT medically necessary.