

<b>Case Number:</b>	CM15-0202298		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/02/2002
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Family Practice

### 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 44 year old female, who sustained an industrial injury on 8-02-2002. The injured worker is being treated for lumbar-lumbosacral disc degeneration. Treatment to date has included functional restoration program (EBFR) (discharged 1-31-2014), as well as medication management and a gym membership with a personal trainer. Per the Primary Treating Physician's Progress Report dated 8-31-2015, the injured worker presented for periodic office visit. She reported lower backache, left shoulder pain, right hip pain, bilateral knee pain and left foot pain. She rates the severity of her pain as 7 out of 10 and 10 out of 10 without medications. Current medications include Omeprazole, Oxycodone, Oxycontin, Trazodone, Gabapentin and Lidoderm. Objective findings included lumbar paravertebral muscle tenderness and a tight muscle band noted on both sides. She can't walk on heels or toes. Lumbar facet loading was negative on both sides. Per the medical records dated 7-06-2015 to 8-31-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to any prior physical therapy. She attended a functional restoration program ending in January, 2014. Work status was working full time. The plan of care included physical therapy for the low back as she reported difficulty doing ADLs due to back pain, notice difficulty bending forward to put on socks and shoes. Authorization was requested for 12 sessions of physical therapy for the lumbar spine. On 9-11-2015, Utilization Review non-certified the request for 12 sessions of physical therapy 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 for the lumbar spine, quantity: 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Initial Care, and 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 MTUS/Chronic Pain Medical Treatment guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is a recommended treatment; however, the MTUS guidelines specify the number of allowed sessions along with expectations on documentation of outcomes and progression towards a self-directed home exercise program. The guidelines state the following: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Regarding the number of sessions: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the patient has already participated in a physical therapy program; however, the number of sessions is not documented in the records. Further, there is insufficient documentation on the outcomes of these sessions. The number of requested sessions in this case exceeds the above cited MTUS requirements. Further, it would be expected that the patient has had a sufficient number of physical therapy sessions to now participate in a self-directed home exercise program. There is no evidence in the record to indicate that the patient is unable to participate in a home exercise program. For this reason, 12 sessions of physical therapy to the lumbar spine is not considered as medically necessary.