

<b>Case Number:</b>	CM15-0203690		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 42 year old male, who sustained an industrial injury on 8-8-14. The injured worker is diagnosed with lumbar disc protrusion and lumbar facet syndrome. His work status is temporary total disability. Notes dated 8-7-15 and 9-18-15 reveals the injured worker presented with reports of improving back pain with mild flare-ups that radiate pain down his right leg into the back of his thigh rated at 2-3 out of 10. Physical examinations dated 6-26-15, 8-7-15 and 9-18-15 revealed bilateral lumbar tenderness (right greater than left) over posterior spinous process and paravertebral muscles. His lumbar range of motion is limited and causes pain. Treatment to date has included stretching exercises, medication and physical session (at least 12) with marked improvement of 60-70% per note dated 8-7-15. Diagnostic studies include lumbar MRI revealed degenerative disc at L4-L5 per physician note dated 9-18-15. A request for authorization dated 9-30-15 for physical therapy for the low back 2x6 is denied, per Utilization Review letter dated 10-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy 2 x 6 weeks, Low Back, quantity 12: Upheld**

**Claims Administrator 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 Chapter, Physical Therapy Guidelines.

**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 per week times six weeks to the low back #12 sessions 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 therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar L4 - L5 disc protrusion with associated lumbar facet syndrome. Date of injury is August 8, 2014. Request for authorization is September 30, 2015. According to a physical therapy progress note dated September 14, 2015, the injured worker completed 12 out of 12 physical therapy sessions. The injured worker was receiving an additional two sessions to focus on core strengthening and a home exercise program. Subjectively, documentation indicates the worker had no low back pain and was engaged in a home exercise program. This was physical therapy visit #13. According to a provider progress note dated September 18, 2015, the injured worker has persistent low back pain. He reports a mild flare radiation of the low back pain to the right leg. Objectively, there was focal tenderness from L3 to S1. There is decreased range of motion. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. The treating provider did not document or demonstrate objective functional improvement with the first 12 physical therapy sessions. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy two times per week times six weeks to the low back #12 sessions is not medically necessary.