

<b>Case Number:</b>	CM15-0219483		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	01/27/2003
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 56 year old male, who sustained an industrial injury on January 27, 2003, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease with disc protrusions, herniations, spinal stenosis and spondylolisthesis. Treatment included eight acupuncture sessions, home exercise program, chiropractic sessions and massage therapy, epidural steroid injection, and medication management. Currently, the injured worker complained of persistent low back pain and numbness radiating into the left lower extremity and right foot worse in the morning. He noted decreased sensation over the lumbar region. He reported constant pain in the right foot and was alleviated with walking and acupuncture treatments. The treatment plan that was requested for authorization included eight sessions of therapeutic exercises for the lumbar spine and eight sessions of neuromuscular re-education for the lumbar spine. On October 9, 2015, a request for eight sessions of therapeutic exercises and eight sessions of neuromuscular re-education was modified to six sessions of each by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic exercises, lumbar spine, per 9/25/15 order qty 8.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Therapeutic exercises, lumbar spine, per 9/25/15 order qty 8.00. The treating physician report dated 9/25/15 (22B) states, "Request: physical therapy x8 sessions." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the lumbar spine. The patient's status is not post-surgical. In this case, the current request of 8 visits is within the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. The current request is medically necessary.

**Neuromuscular reeducation, lumbar spine per 9/25/15, qty 8.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Neuromuscular re-education, lumbar spine per 9/25/15, qty 8.00. The treating physician report dated 9/25/15 (19B) provides no rationale or discussion for the current request. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the right shoulder. The patient's status is not post-surgical. In this case, the treating physicians request for therapeutic exercises x8 is medically necessary, therefore the current request of 8 visits of Neuromuscular re-education is not medically necessary and exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.