

<b>Case Number:</b>	CM15-0221356		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	12/24/2004
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: 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 50 year old male, who sustained an industrial injury on 12-24-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar intervertebral degenerative disc disease, low back pain, and depression. Medical records (04-21-2015 to 10-19-2015) indicate ongoing low back pain. Pain levels were 7 out of 10 on a visual analog scale (VAS). Records also indicate a decreased in activity levels. The IW's work status was not specified. The physical exam, dated 10-19-2015, revealed no objective findings. Relevant treatments have included: physical therapy (PT), functional restoration program, and medications. The request for authorization (10-30-2015) shows that the following treatment was requested: 6 sessions of PT. The original utilization review (11-05-2015) non-certified the request for 6 sessions of PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of Physical Therapy:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has had previous physical therapy sessions ( 11) and there is no documentation indicating that he had a defined functional improvement in his condition. There is no specific indication for the additional 6 PT sessions requested .Medical necessity for the additional PT visits requested, have not been established. The requested services are not medically necessary.