

<b>Case Number:</b>	CM15-0033440		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 47-year-old male, who sustained an industrial injury on 1/18/10. He has reported low back pain. The diagnoses have included low back pain, left sacroiliitis and lumbar facet joint arthritis. Treatment to date has included physical therapy, lumbar facet block and oral medications. (MRI) magnetic resonance imaging of lumbar spine performed on 10/10/12 revealed multilevel lower lumbar facet degenerative changes. Currently, the injured worker complains of persistent low back pain, worse with standing and walking. Physical exam noted spasms in lumbar paraspinal muscles and stiffness noted in the lumbar spine, tenderness is also noted in lumbar facet joints and there is decreased lumbar range of motion. The injured worker stated he would like additional physical therapy for home exercise program. On 1/21/15 Utilization Review non-certified 8 physical therapy sessions to lumbar spine as an outpatient, noting the lack of clinical indication to continue additional physical therapy. The MTUS, ACOEM Guidelines, was cited. On 2/1/15, the injured worker submitted an application for IMR for review of 8 physical therapy sessions to lumbar spine as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy sessions- Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with persistent low back pain. The current request is for 8 PHYSICAL THERAPY SESSIONS-LUMBAR SPINE. Request for Authorization (RFA) provided is dated 1/8/15. The MTUS Chronic Pain Management Guidelines, 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." The Utilization review denied the request as request lacks "any specific documentation denoting how much physical therapy has already been continued." Progress report dated 12/2/14 states that the patient "wants to pursue with physical therapy for home exercise teaching." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. Given the patient's date of injury of 1/18/10, it can be assumed that the patient has had some physical therapy in the past. However, there is no documentation of any therapy in the recent past. Given the patient's continued pain, tenderness and stiffness, a course of 8 sessions may be indicated so that the patient can be introduced to a home exercise program. This request IS medically necessary.