

<b>Case Number:</b>	CM15-0034583		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/13/2015
<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: 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:

This 47-year-old male reported a work-related injury on 09/27/2010. According to the PR2 dated 12/4/14, the injured worker (IW) reports his back pain is much worse, rated 7-8/10. The back pain can radiate down the buttocks and legs. The office visit documented by the PR2 dated 1/30/15 shows the IW had epidural steroid injections that gave him more than 50% pain relief. The IW was diagnosed with lumbar degenerative disc disease, lumbar spondylosis without myelopathy and axial low back pain. Previous treatments include medications, epidural steroid injections and physical therapy. The treating provider requests eight physical therapy visits for the low back. The Utilization Review on 02/13/2015 non-certified the request for eight physical therapy visits for the low back, citing CA MTUS guidelines and Official Disability Guidelines for Physical Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back quantity: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) physical therapy guidelines.

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

**Decision rationale:** This patient receives treatment for chronic low back pain dating back to 2010. The patient has received ESIs, NSAIDS, and opioids. There are no reports of new injuries or surgical procedures in 2015 that require new cycles of physical therapy treatment. The treatment guidelines call for a tapering of passive modes of therapy (physical therapy). This is replaced by a home exercise program. That is the phase of this patient's care he ought to be under. The request for a new cycle of physical therapy is not medically indicated.