

<b>Case Number:</b>	CM15-0040862		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Pain Management

### 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 68 year old male, who sustained an industrial injury on 7/8/2011. Currently he reported mild low back pain. The injured worker was diagnosed with frequent, and/or impressions were noted to include: lumbar sprain, arthrosis and discopathy with stenosis. Treatments to date have included consultations, diagnostic imaging studies; physical therapy - 24 sessions; modified work duties; and medication management. The 12/5/2014 physical therapy recertification note, states fair to moderate improvement with therapy to the low back with occasional fatigue, and moderate pain with activities. The 12/17/2014 final physical therapy report stated continued, slow loosening up of, and improvement of, the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on

Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Physical Medicine Treatment.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of 24 prior PT sessions. Improvement is noted and there are some mild strength and ROM deficits, but there is no clear rationale identifying why the remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy well beyond the number of sessions recommended by the guidelines. In light of the above issues, the currently requested physical therapy is not medically necessary.