

<b>Case Number:</b>	CM15-0050157		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 29-year-old male, with a reported date of injury of 05/21/2013. The diagnoses include lumbar myofascial pain superimposed on lumbar degenerative disc disease at L3-4 and L4-5 levels; rule out lumbar intradiscal component; rule out lumbar radiculopathy. Treatments to date have included nine physical therapy visits, an MRI of the lumbar spine, transcutaneous electrical nerve stimulator (TENS) unit, a lumbar-sacral orthosis, and oral medications. The comprehensive orthopedic evaluation dated 02/17/2015 indicates that the injured worker complained of low back pain. An examination of the lumbar spine showed tenderness throughout the low back, decreased range of motion, and a negative seated and supine straight leg raise test. An examination of the lower extremities showed pain-free range of motion of all joints of both lower extremities. The medical records provided for review did not include the physical therapy reports. The treating physician requested additional physical therapy for the low back three times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 times 4 for low back:** Upheld

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

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

**Decision rationale:** The patient presents with low back pain rated at 7/10. The request is for ADDITIONAL PHYSICAL THERAPY 3 TIMES 4 FOR LOW BACK. The request for authorization is dated 02/24/15. MRI of the lumbar spine, 01/09/15, shows minimal early disc desiccation at L3-4 and L4-5 levels without significant focal protrusions or stenosis. His symptoms have gotten somewhat worse and are principally lumbar spine pain without significant radiculopathic component. The patient complains of increased pain with sitting. He has undergone some treatment including 9 physical therapy visits. The patient is to continue with lumbar spine brace and TENS unit. He is not a candidate for more aggressive management at the present time. The patient's medication includes Tramadol. The patient is temporarily partially disabled. 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." Treater does not discuss the request. Physical therapy treatment history and reports are not provided. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Additionally, per progress report dated, 02/17/15, treater states, "He has undergone some treatment including 9 physical therapy visits. The request for additional 12 sessions of physical therapy would exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.