

<b>Case Number:</b>	CM15-0050601		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/02/2015
<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: 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:

This 35 year old male sustained an industrial injury to the low back on 11/23/10. Previous treatment included magnetic resonance imaging, x-rays, six months of physical therapy, epidural steroid injections and medications. In a PR-2 dated 2/20/15, the injured worker complained of increasing low back pain with radiation to the buttocks and legs. Physical exam was remarkable for a mildly wide-based gait, tenderness to palpation at the lumbosacral junction, limited lumbar spine range of motion, tightness to hamstrings bilateral with no focal motor deficits and intact sensation. Current diagnoses included L5-S1 spondylolisthesis, L5-S1 foraminal stenosis and lumbar spine radiculopathy. The treatment plan included 12 sessions of physical therapy and a new lumbar spine magnetic resonance imaging. The physician noted that it had been over a year since the injured worker's last physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits for The Lower Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines. ODG Low Back Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) recommends 10 visits of physical therapy for lumbar sprains and strains. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The primary treating physician's initial report dated February 20, 2015 a history of low back pain. The date of work injury is November 23, 2010. No past surgeries were reported. Lumbar range of movement demonstrated forward bend to approximately 70 degrees. Tightness to his hamstrings bilaterally at 90 degrees was noted. No focal motor deficits and no obvious sensory deficits to light touch or pinwheel prick was noted. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Because no functional improvement with past physical therapy was documented, the request for 12 visits of physical therapy is not supported and exceeds MTUS guidelines. Therefore, the request for 12 physical therapy visits is not medically necessary.