

<b>Case Number:</b>	CM15-0052664		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Indiana, New York  
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:

The injured worker is a 43 year old male who sustained an industrial injury on 06/07/2011. Diagnoses include chronic pain syndrome, L4-S1 spondylosis and cervicothoracic and lumbar strain. Treatment to date has included knee surgery, medications, TENS Unit, acupuncture, injections, epidural injections, and home exercise program. A physician progress note dated 02/10/2015 documents the injured worker has symptoms of cervicothoracic as well as lower back pain radiating to the feet with numbness in his feet. Treatment requested is for Physical therapy for the lumbar spine, 18 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, 18 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 18 sessions physical therapy to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, injured worker's working diagnoses are L4 to S1 spondylosis; and cervicothoracic and lumbar strain. The documentation states the injured worker has not received conservative therapy (physical therapy) while under the care of the treating physician. The treating physician is requesting three physical therapy sessions per week times six weeks (18 sessions). The worker has received two prior epidural steroid injections. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating physician requested 18 sessions physical therapy. This is in excess of the recommended guidelines for a six visit clinical trial. Consequently, absent compelling clinical documentation for 18 sessions of physical therapy in excess of the recommended guidelines for six visits of physical therapy, 18 sessions physical therapy to the lumbar spine is not medically necessary.