

<b>Case Number:</b>	CM15-0053433		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Massachusetts

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 63 year old male with an industrial injury dated 10/24/2005-04/18/2014. His diagnosis includes protrusion 2 mm at lumbar 4-5 and lumbar 5-sacral 1; rule out lumbar radiculopathy and chronic lumbar myofascial pain. Prior treatment includes physical therapy, TENS and medications. He presents on 01/21/2015 with complaints of low back pain with lower extremity symptoms. Physical exam noted tenderness of the lumbar spine with diminished sensation noted in lower extremity evaluation. The provider notes the injured worker remains relatively deconditioned and requests additional physical therapy lumbar spine 2 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional physical therapy of the lumbar spine 2 times a week for 4 weeks for a total of 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98, 99 of 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than one-year status post work-related injury and continues to be treated for chronic low back pain with lower extremity radicular symptoms. Treatments have included physical therapy. The requesting provider documents deconditioning as the reason for requesting additional physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program, which would also be the appropriate treatment for deconditioning. The additional physical therapy was not medically necessary.