

<b>Case Number:</b>	CM15-0055600		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 46-year-old male, who sustained an industrial injury on 2/10/2009. Diagnoses include lumbar sprain/strain, lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and EMG (electromyography)/NCV (nerve conduction studies), home exercise program, medications and TENS unit. Per the Primary Treating Physician's Progress Report dated 2/12/2015, the injured worker reported increased lower back pain with right lower extremity tingling and numbness rated 8-9/10 in severity x 2 weeks. He reports pain not controlled with medications. Physical examination revealed tenderness to palpation over the lumbar paraspinal musculature. The plan of care included medications and physical therapy and authorization was requested for physical therapy x 6 for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 6 sessions to the Lumbar Spine:** Upheld

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

**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, physical therapy 6 sessions 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar sprain/strain; lumbar degenerative disc disease; lumbar radiculopathy; and myofascial pain. The documentation indicates the date of injury was February 10, 2009. The injured worker is engaged in a home exercise program and uses a TENS unit. The injured worker received physical therapy greater than one year prior to the present request. In a progress February 12, 2015, the treatment plan indicates future treatments are to include 24 sessions of manual medicine (physical therapist, osteopath, chiropractic, massage therapist or acupuncture) annually. The guidelines recommend an initial six visit clinical trial. The total number of physical therapy sessions to date is unknown. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy (over and above the original number of physical therapy sessions). There are no physical therapy notes in the documentation and there is no documentation indicative of objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement to warrant additional physical therapy, physical therapy six sessions lumbar spine is not medically necessary.