

<b>Case Number:</b>	CM15-0058178		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 51 year old male, who sustained an industrial injury on 7/8/2010. He reported injury from a slip and fall. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar stenosis, lumbar myofascial pain, lumbago, lumbar degenerative disc disease, lumbar radiculitis and status post right knee medial and lateral meniscectomy. Lumbar magnetic resonance imaging revealed lumbar degenerative joint disease with facet arthropathy and retrolisthesis and neural foraminal narrowing. Treatment to date has included physical therapy and medication management. In progress notes dated 1/6/2015 and 2/5/2015, the injured worker complains of increased low back pain with radiation to the bilateral lower extremities and bilateral knee pain. The treating physician is requesting 24 physical therapy sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Physical Therapy Sessions for the Lumbar Spine:** Upheld

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

**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 nearly 5 years status post work-related injury and continues to be treated for low back pain and knee pain. Arthroscopic knee surgery is being planned. When seen, he was having low back pain with lower extremity radiating symptoms. 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 number of visits requested is in excess of that recommended and therefore not medically necessary.