

<b>Case Number:</b>	CM15-0058229		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/16/2015
<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 58 year old male, who sustained an industrial injury on July 9, 2014. He has reported lower back pain, bilateral leg pain, and right foot pain. Diagnoses have included lumbar spine degenerative disc disease, lumbar radicular syndrome, and rule out spinal stenosis. Treatment to date has included medications, physical therapy, and imaging studies. A progress note dated November 12, 2014 indicates a chief complaint of lower back pain, leg pain, right foot pain, and sleep difficulties. The treating physician documented a plan of care that included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the lumbar spine:** Upheld

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

**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 one year status post work-related injury and continues to be treated for low back pain with lower extremity radiating symptoms. Treatments have already included 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 number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. 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. Therefore, the request is not medically necessary.