

<b>Case Number:</b>	CM15-0083006		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/13/2004
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old male, who sustained an industrial injury on May 13, 2004. The injured worker was diagnosed as having lumbago, thoracic/lumbosacral neuritis/radiculitis and post laminectomy syndrome. Treatment and diagnostic studies to date have included surgery, electromyogram, nerve conduction study, magnetic resonance imaging (MRI), physical therapy and medication. A progress note dated February 17, 2015 provides the injured worker complains of low back pain radiating to legs and feet. Pain is rated an average of 3/10. He reports physical therapy and medication help. Magnetic resonance imaging (MRI) was reviewed. Physical exam notes no acute distress and no use of cane for ambulation. The plan includes physical therapy, home exercise, lab work and follow-up.

### 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, twice a week for eight weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records provided indicate this patient has attended an unknown number of post-surgical physical therapy sessions since January of 2015. The treating physician has not provided documentation of objective functional improvement with this therapy to warrant continued therapy. As such, the request for Physical Therapy for the lumbar spine, twice a week for eight weeks is not medically necessary.