

<b>Case Number:</b>	CM15-0089547		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on 3/1/13. He reported lower back and right hip pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and enthesopathy of hip region. Treatment to date has included physical therapy (since 3/25/15), a cortisone injection in the hip and chiropractic treatments (with no benefit) and oral medications. On 2/25/15, the objective findings included lumbar flexion 50 degrees, extension 15 degrees and lateral bending 20 degrees bilaterally. As of the PR2 dated 3/26/15, the injured worker reports no change since last visit, continued pain in the right hip and lower back. He rates his pain 7/10 at best and 9/10 at worst. Objective findings include lumbar flexion 50 degrees, extension 15 degrees and lateral bending 20 degrees bilaterally. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. The treating physician requested to continue physical therapy x 12 visits for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Visits of Physical Therapy for 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 rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is a recommended treatment within certain parameters. These parameters include the following: an allowance for a fading of treatment frequency, targeting a goal towards an active self-directed home exercise program and limits as to the number of treatment sessions. Specifically, the MTUS guidelines state the following: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case the records indicate that the patient has undergone at least 4 physical therapy treatment sessions. It is unclear whether the patient achieved any objective benefit, e.g. improved pain control or functional outcomes, from these prior sessions. The request for 12 visits of physical therapy exceeds these above cited MTUS guidelines based on the nature of the diagnosis for this patient's back condition. For these reasons, 12 visits of physical therapy for the lumbar spine are not medically necessary.