

<b>Case Number:</b>	CM15-0089896		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/28/2015
<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, 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 29 year old male who sustained an industrial injury on October 9, 2013. He has reported lower back pain and has been diagnosed with lumbar radiculopathy, lumbar facet arthropathy, lumbar myofascial pain, and lumbago. Treatment has included medications, chiropractic care, acupuncture, and medical imaging. There was tenderness to palpation to the lumbar spine midline and right lumbar paraspinals. There was decreased range of motion. The treatment request included physical therapy 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 2 x week x 8 weeks, lumbar spine (16 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medical Guidelines Page(s): 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 two times per week times eight weeks of the lumbar spine (16 sessions) 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar facet arthropathy; lumbar myofascial strain; and lumbago. The date of injury was October 9, 2013. The injured worker is being followed for low back pain. A PM&R provider saw the injured worker on March 31, 2015. The injured worker has received chiropractic treatment 24 sessions, acupuncture treatment 7 sessions both with good relief. The treating provider indicates the injured worker has not received physical therapy at any point in time during treatment. The utilization review states it is difficult to ascertain through the medical records whether the injured worker has received physical therapy. The guidelines recommend a six visit clinical trial prior to continuing with physical therapy. Pending objective functional improvement, additional physical therapy may be indicated. The treating provider requested 16 sessions of physical therapy. The treating provider exceeded the recommended guidelines for a six visit clinical trial. Consequently, absent guideline recommendations to support 16 sessions of physical therapy, physical therapy two times per week times eight weeks of the lumbar spine (16 sessions) is not medically necessary.