

<b>Case Number:</b>	CM15-0242280		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	04/14/2009
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 04-14-2009. A review of the medical records indicated that the injured worker is undergoing treatment for chronic low back pain with neurogenic claudication secondary to spondylosis and multi-level lumbar stenosis. According to the treating physician's progress report on 11-05-2015, the injured worker continues to experience low back pain radiating to the bilateral lower extremities. Examination demonstrated no obvious deformity of the spine with decreased range of motion. Motor strength of the bilateral lower extremities was intact with good vascular perfusion. Sensation to light touch was decreased on the right L5 and S1 nerve distributions. Prior treatments have included diagnostic testing, physical therapy (no dates documented or quantity completed), trigger point injections on 10-07-2015, home exercise program and medications. According to the report on 10-07-2015, the injured worker was in physical therapy doing land exercises but the injured worker stated "it makes him worse" and was advised by the provider to stop physical therapy and continue with home exercise program, stretching, walking, ice and heat treatment. Current medications were listed as Norco, Zanaflex and Prilosec. Treatment plan consists of pain management, continuing with medication regimen and the current request for physical therapy, 3 times weekly for the lumbar spine #18.00 and aquatic therapy, 3 times weekly for the lumbar spine #18.00. On 11-25-2015, the Utilization Review determined the request for physical therapy, 3 times weekly for the lumbar spine #18.00 and aquatic therapy, 3 times weekly for the lumbar spine #18.00 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 3 times weekly, lumbar spine, per 10/28/2015 order Qty: 18.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Physical therapy, 3 times weekly, lumbar spine, per 10/28/2015 Qty: 18.00. The treating physician report dated 10/28/15 (15B) states, "The patient states that he has been doing some land therapy but that has made him worse." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, the patient had increased symptoms after previous physical therapy. The current request is not medically necessary.

**Aquatic therapy, 3 times weekly, lumbar spine per 10/28/2015 order Qty: 18.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Aquatic therapy, 3 times weekly, lumbar spine per 10/28/2015 Qty: 18.00. The treating physician report dated 10/28/15 (15B) states, "He is interested in pool therapy as the therapy place that goes to has pool and Jacuzzi." The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.