

<b>Case Number:</b>	CM13-0035563		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 56 year old male with date of injury 7/31/09. The mechanism of injury is not described in the available medical records. The patient has complained of chronic right sided low back pain. He has undergone surgery previously, the specifics of which are not listed in the available medical records, with the exception of a surgical date of 10/1993. An MRI dated 08/2009 showed degenerative joint disease of the lumbar spine with degenerative disc disease. Treatments thus far have included physical therapy (including instruction on a home physical therapy-exercise program), TENS unit, epidural corticosteroid injections and medications. Objective: decreased range of motion of the lumbar spine, tenderness to palpation of the lumbosacral junction, positive straight leg raise test left side. Diagnoses: lumbar spondylosis, degenerative disc disease. Treatment plan and request: physical therapy twice weekly for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x per week for 6 weeks lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This 56 year old male patient with date of injury 7/31/09 has complained of chronic back pain despite treatment with physical therapy (including previous instruction on a home physical therapy-exercise program), TENS unit, epidural corticosteroid injections and medications. A request for further physical therapy treatment was made by the provider on 08/2013. The provider documentation from an office visit on this date stated that the patient was at his baseline low back pain and was not having any acute flare up. The patient has had prior instruction on home exercises and has not improved beyond his baseline level of 3-4/10 low back pain since the date of injury. Per the provider note dated 05/2013, the patient has stated that a TENS unit has provided relief for flare ups of pain in the past beyond the 3-4/10 intensity level. Per the MTUS guidelines cited above, for the treatment of neuralgia, neuritis and radiculitis, physical therapy is recommended for 8 - 10 units over the course of 4 weeks. This patient has previously been treated with physical therapy sessions beyond this recommendation (to include prior instruction on home exercises) without documented improvement noted in the available medical records in function or symptoms. On the basis of the MTUS guidelines and the patient's previous treatments, the request for additional physical therapy twice weekly for 6 weeks is indicated as non-certified.