

<b>Case Number:</b>	CM14-0113526		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/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:

The patient is a 54 year-old male who was injured at work on 9/1/2008. The injury was primarily to his back. He is requesting review of denial for the following: Physical Therapy 2 x 5 weeks for the Lumbar Spine. Medical records corroborate ongoing care for his injuries. The Primary Treating Physician's Progress Reports are included and indicate that his chronic diagnoses include: Chronic disogenic lumbosacral spinal pain associated with disc annual disruption syndrome and comorbid facet mediated compromise; Lower extremity neuropathic radiculopathy; Deconditioning; Weight Gain; Fatigue, anhedonia, and decreased libido; and Chronic pain syndrome. He had an MRI of his lumbar spine in 11/2009 which demonstrated multiple disc spaces with degenerative loss of signal. L4-5 demonstrated slight to moderately reduced foramina. L5-S1 demonstrated borderline hypertrophic right facet which is posteriorly and anteriorly spurred an narrowed. Treatment has included analgesic medications i.e opioids, benzodiazepines, antidepressants, and antiepilepsy drugs. He has also underwent an epidural steroid injection in 2010.

### 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 5 Weeks Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy, Sciatica

**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. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. These guidelines also describe recommended treatment frequency and duration. In this case, based on the available documentation, it appears that physical therapy is prescribed for the treatment of unspecified myalgia and myositis. The MTUS guidelines recommend 9-10 visits over an 8-week period. There is insufficient information in the records to apply the MTUS guidelines for the treatment of unspecified neuralgia, neuritis, and radiculitis. Therefore, the request is not medically necessary.