

<b>Case Number:</b>	CM14-0143718		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 59-year-old male with a date of injury of 09/18/2013. The listed diagnosis is stenosis and lumbar spine. According to progress report 07/21/2014, the injured worker presents with continued low back pain. He is losing weight and getting stronger. The treating physician wants him down another 10-15 pounds and then he will be able to "get a scan on him to evaluate him for surgery." There is no physical examination. Progress report 06/23/2014 states the injured worker has positive Electromyography/Nerve Conduction Velocity (EMG/NCV) but "no evidence of neuropathy." The injured worker has chronic stenosis, and the treating physician would like him to continue with his strengthening. He is requesting additional physical therapy 3 times a week for 4 weeks. Utilization review denied the request on 7/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 Times a Week for 4 Weeks for The Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

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

**Decision rationale:** This injured worker presents with chronic stenosis. The treating physician would like injured worker to continue physical therapy 3 times a week for 4 weeks for the lumbar spine. For physical medicine, MTUS page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. The treating physician states that the injured worker has received 23 sessions of physical therapy for the lumbar spine. Utilization review states the injured worker has been authorized 36 sessions thus far. In this case, the treating physician is requesting 12 additional sessions to continue strengthening but the request exceeds what is recommended by MTUS for non-post-operative therapy. Furthermore, there is no discussion as to why the injured worker would not be able to transition into a self-directed home exercise program. The request for Physical Therapy 3 Times a Week for 4 Weeks for The Lumbar Spine is not medically necessary.