

<b>Case Number:</b>	CM14-0145451		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Pain Management 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 patient is a 29-year-old male with a date of injury of 03/01/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar pain. 2. Bilateral SI joint pain. According to progress report 08/14/2014, the patient presents with continued low back pain. The patient describes his symptoms as radiating pain down the left leg. Examination revealed moderate to severe decrease in active range of motion on all planes. There was "taut and tender fibers" in the bilateral lumbar spine. Straight leg raise test and Kemp's test are both positive bilaterally. The treater is requesting physical therapy 2 times a week for 4 weeks for therapeutic exercises to "lose weight." Utilization review denied the request on 8/24/14. Treatment reports from 02/21/2014 through 08/14/2014 were reviewed.

### 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 4 weeks for Lumbar Spine; Therapeutic Exercise for Weight Loss:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines myalgia, myositis, neuralgia, and neuritis Page(s): 98-99.

**Decision rationale:** This patient presents with low back pain. The treater is requesting physical therapy 2 times a week for 4 weeks for therapeutic exercises for weight loss. Review of the medical file indicates the patient has previously participated in physical therapy and chiropractic treatments. The date and number of treatments received is not indicated. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, neuralgia, and neuritis type symptoms 9 to 10 sessions over 8 weeks. The MTUS Guidelines do not discuss physical therapy for therapeutic exercises for weight loss. In this case, the treater does not explain why a formalized therapy is needed for weight loss exercises. Weight loss exercise is something that can be performed at home. The requested Physical Therapy 2 x week x 4 weeks for Lumbar Spine; Therapeutic Exercise for Weight Loss is not medically necessary.