

<b>Case Number:</b>	CM14-0099477		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 32-year-old male with a 6/9/08 date of injury. The mechanism of injury was not documented in the clinical records submitted with this request. According to a progress note dated 6/18/14, the patient complained of persistent pain in his low back, he rated the severity of his pain as an 8 without medication or therapy, it is reduced to a 6 to 7 with medications only. Objective findings: tenderness to palpation over the spinous processes from L1 through L5 and bilateral paravertebral muscles, decreased ROM, increased pain with heel/toe walk. Diagnostic impression: lumbar spine herniated nucleus pulposus, history of gastritis. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 5/29/14 denied the request for physical therapy lumbar 8 sessions. Guidelines indicate that for myalgia and myositis, 9-10 visits over 8 weeks is appropriate. The request is not reasonable as the patient has already exceeded authorizations for total amount of sessions of therapy recommended without documentation of objective functional improvement through prior therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy - Lumbar #8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114; Official Disability Guidelines (ODG) Low Back Chapter

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to the 5/29/14 UR decision, the patient has had 16 approved physical therapy visits noted. However, the number of completed visits to date was not documented. Guidelines support up to 9 visits over 8 weeks for lumbago; backache. The addition of 8 additional sessions along with the 16 approved sessions would exceed guideline recommendations. In addition, there is no documentation of functional gains or pain reduction from previously completed physical therapy visits. It is unclear why the patient has not been able to transition to a home exercise program at this time. Therefore, the request for Physical Therapy - Lumbar #8 is not medically necessary.