

<b>Case Number:</b>	CM14-0156998		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	07/23/2008
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Internal 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 an injured worker chronic back pain. Date of injury was 07-23-2008. The progress report dated 08/15/2014 documented subjective complaints of chronic back pain. MRI magnetic resonance imaging of the lumbar spine revealed degenerative changes. The patient was referred to neurosurgery, who recommended non-surgical treatment. The patient was declared permanent and stationary. Regarding subjective complaints, there is a continued low back discomfort. The pain is worse with prolonged sitting or standing. She manages her pain with Norco and heating pads. She last worked 11/13/2008. She is on social security disability. Physical examination was documented. Physical examination findings noted alert, oriented, no acute distress, seated in exam chair, able to stand, walk, step up to and sit on exam table with notable discomfort, back extension 15 degrees, flexes to touch mid thigh level with discomfort, bilateral lateral flexion to touch mid thigh with discomfort, discomfort to the left, bilateral patellar reflex 2+ symmetric, bilateral achilles reflex 1+ symmetric, no calf atrophy, normal gait. Magnetic resonance imaging of the lumbar spine dated 9/03/2008 documented that at the L3-L4 level, there was a 3 mm left foraminal disc protrusion associated with a small tear involving the posterior annulus. There was no evidence of nerve root compression. At the L4-L5 level, there was a 3 mm left foraminal disc protrusion with no evidence of nerve root compression. Mild multilevel degenerative changes. The vertebral bodies and posterior elements demonstrate satisfactory alignment. Physical therapy was requested. Utilization review determination date was 8/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for three weeks (2x3) for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 4 weeks are recommended. Official Disability Guidelines (ODG) recommends 8 weeks for lumbar sprains and strains. The medical records contained one progress report dated 8/15/14. The 8/15/14 progress report presented subjective complaints and objective findings. The diagnoses and treatment plan sections of the progress report were not submitted. The date of injury was 07-23-2008. Past physical therapy (PT) progress reports were not submitted. No functional improvement with past PT physical therapy treatments were not documented. No rationale for additional PT treatments were documented. The request for physical therapy is not supported. Therefore, the request for Physical Therapy 2x3 for the lumbar spine is not medically necessary.