

<b>Case Number:</b>	CM14-0213419		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/08/1994
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 58-year-old female with a date of injury of 09/08/1994. According to progress report dated 11/18/2014, the patient presents with persistent pain in the lumbar spine rated as 3/10 on a pain scale. The treating physician states that prior request for physical therapy was denied due to lack of report of decreasing range of motion and strength. The patient's current medication regimen includes naproxen 500 mg. Examination revealed tenderness to palpation of the lumbar paraspinal musculature. Range of motion is limited in flexion and extension of the lower spine by about 30% to 40% due to pain. Strength of the lower extremity is 5/5 bilaterally. There is antalgic gait noted. The listed diagnoses are: 1. Myofascial pain syndrome. 2. Lumbar spondylosis. 3. Lumbar degenerative disk disease. 4. Lumbar radiculopathy. Treatment plan is for 8 sessions of physical therapy and 8 sessions of acupuncture treatment. The patient is permanent and stationary. The Utilization Review denied the request on 12/03/2014. Treatment report dated 06/24/2014 and 11/18/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times per week for 4 weeks for the Lumbar Spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy (PT)

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for physical therapy 2 times a week for 4 weeks for the lumbar spine. The MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms, 9 to 10 sessions over 8 weeks. The Utilization Review denied the request stating that the patient has had physical therapy in the past, but the number of visits completed are not documented, "therefore, this request does not meet medical necessity at this time." Medical file provided for review includes 2 progress reports. According to progress report dated 06/24/2014, the patient presents with chronic low back pain "which has in the past responded to physical therapy." Progress report dated 11/18/2014, notes that prior physical therapy was denied due to lack of report of decreasing range of motion and strength. The patient's date of injury dates back to 1994 and it is likely the patient has had some physical therapy in the past. There is no indication of any recent formalized therapy. In this case, given the patient's persistent low back pain and lack of documentation of any recent formalized therapy, the requested 8 sessions is within MTUS Guidelines. This request is medically necessary.