

<b>Case Number:</b>	CM14-0215691		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 individual is a 26 y/o male who developed increased low back pain subsequent to an injury dated 3/24/14. He has a history of non-industrial low back pain that has been treated with physical therapy and facet injections. He has also had a course of physical therapy for this injury when he was being treated through the industrial clinic. He has no neurological changes or radiculopathic radiation. X-rays and MRI studies are consistent with degenerative disc disease at L5-S1. Medications include Naprosyn, Prilosec, and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Evaluation, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines recommend a total of 8-10 sessions of physical therapy for conditions similar to this patient. It is documented that he has previously had treatment with physical therapy, but there is no documentation regarding the length or amount. The new course of requested therapy (12 sessions) exceeds Guideline recommendations in addition to what has already been provided. Under these circumstances, the medical necessity for another full course of physical therapy is not demonstrated and is not consistent with Guidelines. The request for Physical Therapy evaluation is not medically necessary at this point in time.

**Physical Therapy Re-evaluation, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines recommend a total of 8-10 sessions of physical therapy for conditions similar to this patient. It is documented that he has previously had treatment with physical therapy, but there is no documentation regarding the length or amount. The new course of requested therapy (12 sessions) exceeds Guideline recommendations in addition to what has already been provided. Under these circumstances, the medical necessity for another full course of physical therapy with an initial evaluation and re-evaluation is not demonstrated and is not consistent with Guidelines. The request for physical therapy re-evaluation is not medically necessary at this point in time.

**Physical Therapy twice weekly, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines recommend a total of 8-10 sessions of physical therapy for conditions similar to this patient. It is documented that he has previously had treatment with physical therapy, but there is no documentation regarding the length or amount. The new course of requested therapy (12 sessions) exceeds Guideline recommendations in addition to what has already been provided. Under these circumstances, the medical necessity for another full course of physical therapy (2 times a week for 6 weeks) is not demonstrated and is not consistent with Guidelines. The request for Physical Therapy twice weekly is not medically necessary.

**Mechanical traction, twice weekly, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** This requests for biweekly traction is in conjunction with the request for physical therapy which has been deemed not medically necessary under these circumstances. In addition, MTUS Guidelines do not recommend traction for treatment of low back pain. The request for biweekly Mechanical Traction is not medically necessary.

**Electrical stimulation, twice weekly, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous ElectrotherapyPhysical Medicine Page(s): 114-118; 98,99..

**Decision rationale:** The request for biweekly electrical stimulation is in conjunction with the request for physical therapy which has been deemed not medically necessary. In addition, the specific type of electrical stimulation is not defined in the request. MTUS Guidelines do not support the use of muscle stimulation devices and it is not clear what type of device is being requested. Due to the physical therapy being not medically necessary, it naturally leads to the conclusion that the Electrical Stimulation twice weekly is not medically necessary as this request is part of the Physical Therapy request.