

<b>Case Number:</b>	CM15-0015609		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 34 year old person, who sustained an industrial injury on 12/30/2013, resulting in low back pain. The diagnoses have included lumbar spine strain/sprain, lumbago, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included conservative measures. A lumbar spine magnetic resonance imaging, dated 1/21/2014, noted no significant changes from the previous exam, showing a 3mm posterior central disc protrusion at L5-S1 and mild bilateral facet arthropathy. Currently, the injured worker complains of low back pain. Tramadol was utilized. A progress note, dated 12/17/2014, noted recommendation for work conditioning exercises combined with a home exercise program. The handwritten PR2 reports, various dates, were greatly illegible. Prior physical therapy was referenced but specific dates or results were not noted. On 1/07/2015, Utilization Review non-certified a request for physical therapy/work conditioning (2x4) for the lumbar spine, noting the lack of compliance with referenced guidelines. The MTUS Chronic Pain Medical Treatment Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy/work conditioning 2 times 4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening.

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

**Decision rationale:** Physical Therapy/work conditioning 2 times 4 for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits of physical therapy for this condition. The patient has had prior therapy but it is unclear how much therapy. Furthermore for work conditioning there must be a defined to work goal agreed to by the employer & employee which is not evident in the documentation submitted. Additionally, the request asks for work conditioning twice a week for 4 weeks but the MTUS Guidelines states that for work conditioning treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. For these reasons the request for physical therapy/work conditioning 2 times 4 for the lumbar spine is not medically necessary.