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| <b>Case Number:</b>   | CM15-0114762 |                              |            |
| <b>Date Assigned:</b> | 06/23/2015   | <b>Date of Injury:</b>       | 09/01/2011 |
| <b>Decision Date:</b> | 08/18/2015   | <b>UR Denial Date:</b>       | 05/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/15/2015 |

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 39-year-old male with an industrial injury dated 09/01/2011 resulting in back pain. His diagnoses included lumbar facet arthropathy and rule out lumbar radiculopathy. Prior treatment included diagnostics, physical modalities and medications. He presents on 04/03/2015 with complaints of lower back pain. He reports benefit with current medications and denies any adverse effects. Pain is rated as 3/10 with meds and 5/10 without medications. Physical exam revealed tender lumbar facets bilateral with positive facet loading maneuvers. Lower extremity exam was unchanged. Treatment plan included diagnostics, medications and continue physical therapy. The treatment request is for physical therapy three times six.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar spine strain. The date of injury is September 1, 2011. The request for authorization is dated April 15, 2015. The medical record contains 44 pages. There were no progress notes in the medical record. According to the April 7, 2015 progress note, the injured worker complains of low back pain. Objectively the documentation states light touch sensation: left mid anterior thigh, mid-left lateral calf and left lateral ankle are all intact. There are no other objective clinical findings from physical examination and medical record. There is no documentation demonstrating objective functional improvement from prior therapy. The total number of physical therapy sessions is not specified in the medical record. There is no clinical rationale in the medical record for additional physical therapy. There are no compelling clinical facts to support additional physical therapy over the recommended guidelines. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy three times per week times six weeks is not medically necessary.