

<b>Case Number:</b>	CM15-0117416		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	05/18/1999
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

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

### 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 46 year old female, who sustained an industrial injury on 5/18/1999. She reported being involved in a motor vehicle accident. Diagnoses have included degenerative arthritis with degenerative facet arthritis of the lumbar spine. Treatment to date has included physical therapy, chiropractic treatment, activity modification and medication. Per the progress report dated 3/5/2015, the injured worker had chronic low back pain and pain radiating to her buttocks and into her trochanter region. Physical exam revealed limited range of motion due to pain. X-rays revealed moderate facet joint arthrosis at L4-5 and L5-S1. According to the progress report dated 5/21/2015, the injured worker reported good relief with therapy and had another flare-up. Authorization was requested for twelve sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back, twelve sessions:** Upheld

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

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

**Decision rationale:** The patient presents with diagnoses that include degenerative arthritis with degenerative facet arthritis of the lumbar spine. The patient currently complains of chronic low back pain and pain radiating to her buttocks and into her trochanter region. The patient has a limited range of motion due to pain. X-rays revealed moderate facet joint arthrosis at L4-L5 and L5-S1. The current request is for Physical therapy for the low back, twelve sessions. The Utilization Review dated 6/8/15 (2A) noted that the patient "had completed 12 physical therapy sessions after March 2015, and was working full duty". In the treating report dated 5/21/15 (14B) the treating physician states, "she got good relief with therapy and she just had another little flare up "I would like to get another month of therapy for her to continue to working out to get her strength better". MTUS Guidelines recommend 8-10 sessions of physical therapy for myalgia and neuritis type condition. In this case, there is no medical history to indicate the exact number of physical therapy sessions the patient has or has not completed. However, the UR states, "12 sessions completed". Additional physical therapy is not supported by MTUS as there is only a maximum of 8-10 visits. The current request is not medically necessary.