

<b>Case Number:</b>	CM15-0122082		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 47-year-old male who sustained an industrial injury 11/17/2010. Diagnoses/impressions include status post lumbar decompression and fusion at L5-S1 with subsequent removal of hardware; psychiatric issues resolved. Treatment to date has included medications, acupuncture, physical therapy, TENS unit, spinal fusion and hardware removal, trigger point injections and aquatic therapy. He also had psychiatric care. According to the progress notes dated 4/27/15, the IW reported he was attending physical therapy and he was feeling better overall. On examination, flexion, extension, right/left lateral rotation and bending of the lumbar spine was 20 degrees. There were no new motor or sensory deficits and the hip examination was negative. A request was made for additional physical therapy twice weekly for four weeks, as the IW was still recovering.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical documentation provided does not indicate objective functional improvement with previous physical therapy. Therefore, rationale for this request has not been provided. As such, the request for Physical therapy 2 times a week for 4 weeks is not medically necessary.