

<b>Case Number:</b>	CM15-0171125		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/26/1999
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old male sustained an industrial injury on 6-25-99. Documentation indicated that the injured worker was receiving treatment for lumbalgia with lumbar post laminectomy syndrome, bilateral lumbar radiculopathy and opioid dependence. Recent treatment consisted of medication management. In a pain management progress note dated 7-24-15, the injured worker complained of ongoing low back pain, rated 10 out of 10 without medications and 6 out of 10 on the visual analog scale with medications. The injured worker also reported having feelings of depression. The physician noted that the injured worker walked his dog for 15 to 20 minutes three times weekly, other than that, the injured worker remained quite sedentary. Physical exam was remarkable for height 5'10", weight 320 pounds, blood pressure 183 over 96 mmHG and tenderness to palpation to the lumbar spine. The physician stated that the injured worker needed to lose weight. The physician's goal was for the injured worker to reduce his overall opiate intake and improve his activity level. The treatment plan included physical therapy for the lumbar spine twice a week for four weeks and continuing current medications (Lidoderm patch, Methadone and Norco). On 8-21-15 Utilization Review noncertified a request for eight outpatient physical therapy sessions to the lumbar spine twice a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the lumbar spine, twice a week for four weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Low Back, Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The amount of therapy requested for the low back pain is within recommendation guidelines and therefore is medically necessary.