

<b>Case Number:</b>	CM15-0020493		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: New Jersey  
 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:

The injured worker is a 40-year-old male, who sustained an industrial injury on August 25, 2014. The diagnoses have included multi-level degenerative changes and L4-5 left lateral disc protrusion. Treatment to date has included physical therapy, epidural injections, nerve block of L5 and medication. Currently, the injured worker complains of back pain, which he describes as moderate to severe. He experiences intermittent constant pain, which is located in the back and into the left leg. The injured worker describes his symptoms as unchanged and that he is currently not attending physical therapy sessions. On examination, the injured worker's lumbar spine movement was abnormal and limited. His gait was balanced and symmetrical and his toe and heel walk was normal. He exhibited tenderness to palpation of the lumbar paraspinal and the sciatic notch. On January 9, 2015 Utilization Review non-certified a request for eighteen physical therapy sessions of the lumbar spine, noting that the documentation did not support that the injured worker had substantive function improvement from previous physical therapy. The Official Disability Guidelines was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of eighteen physical therapy sessions of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 physical therapy sessions to the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker had already completed more than the recommended limit of physical therapy sessions, but was recommended an additional 18 supervised physical therapy sessions. There was no evidence found in the documents provided for review that the worker was not able to perform home exercises or that he was performing them on a regular basis. Therefore, the additional 18 sessions of physical therapy for the lumbar spine will be considered medically unnecessary and instructions on appropriate home exercises with consistency might be a more appropriate focus in this case.