

<b>Case Number:</b>	CM15-0062066		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 42 year old male, who sustained an industrial injury on 09/11/2013. He has reported subsequent back pain and was diagnosed with lumbar radiculopathy, degeneration of lumbosacral intervertebral disc and thoracic neuritis. Treatment to date has included oral pain medication, physical therapy and lumbar epidural steroid injections. In a progress note dated 03/12/2015, the injured worker complained of low back pain which was noted to have improved with physical therapy. Objective findings were notable for tenderness to palpation over the midline of the lumbar spine. The physician noted that 6 additional physical therapy sessions were being requested for further strengthening of the back and establishing a home exercise program and a request for authorization was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional sessions of physical therapy 2x3: 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 MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing lower back pain that went into the right leg with numbness and tingling. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the requested trials of other treatments in that setting. In the absence of such evidence, the current request for six additional physical therapy sessions done twice weekly for three weeks is not medically necessary.