

<b>Case Number:</b>	CM15-0067528		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial injury on 09/08/2011. He reported low back pain. According to a progress report dated 02/12/2015, the injured worker complained of pain. The location of pain was not specified. He remained depressed, but there had been some improvement with Cymbalta. He also reported difficulty with sleeping. The provider noted that the injured worker had not had physical therapy in a year. He had loss of range of motion and spasm in the paravertebral muscles. Dermatomal dysfunction in the lower extremities was noted and the injured worker complained of dysesthesia. Diagnoses included generalized pain, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, anxiety disorder not otherwise specified and sleep disorder due to pain insomnia type. Treatment plan included 18 sessions of physical therapy to the lower back. Currently under review is the request for 18 sessions of physical therapy, 3 times a week for 6 weeks for the lumbar spine as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 physical therapy, 3x a week for 6 weeks, lumbar spine as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009 Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 18 sessions physical therapy three times per week times six weeks of the lumbar spine as an outpatient is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are generalized pain; thoracic lumbosacral neuritis or radiculitis not otherwise specified; and anxiety disorder. The request for authorization is dated March 18, 2015. A progress note by the treating provider is dated March 12, 2015. Subjectively, the injured worker is permanent stationary, has significant pain and decreased range of motion at the low back with radiculopathy. There is no physical examination in the medical record. The treating provider is requesting 18 physical therapy sessions to the lumbar spine. The injured worker has not had physical therapy to the low back for at least six months. There are no physical therapy progress notes (lower back) and the medical record. There is no documentation of objective functional improvement from prior physical therapy progress notes referencing the lower back. The progress note dated March 12, 2015 does not contain a physical examination. There is no documentation in the medical record with a specific number of physical therapy sessions rendered to date. There are no compelling clinical facts in the documentation showing additional physical therapy as clinically indicated. Consequently, absent clinical documentation with prior physical therapy progress notes (lumbar spine), the total number of physical therapy sessions and compelling clinical documentation showing additional physical therapy is clinically indicated, 18 sessions physical therapy three times per week times six weeks to the lumbar spine as an outpatient is not medically necessary.