

<b>Case Number:</b>	CM15-0070206		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	07/29/1997
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male who sustained an industrial injury on 7/29/97 involving his lumbar spine. The mechanism of injury is unclear. In 7/06 he had surgery on his lumbar spine with improvement but with tolerable lower back pain. He had a re-injury in 2007 feeling a "pop" in his lower back. He continues to work as a maintenance mechanic. He currently complains of low back pain radiating into the buttocks. His pain level is 5-6/10. Industrial medications are Norco, Robaxin, Ultram, Soma, Biofreeze. Diagnoses include chronic low back pain, status post fusion L4-5 with adjacent segment disease L3-4. Treatments to date include medications. Diagnostics include lumbar spine MRI showing degenerative disc disease (no date); x-ray of the lumbar spine (2/12/15) showing abnormalities. In the progress note dated 2/12/15 and 3/27/15 the treating provider's plan of care requests physical therapy for back pain to teach him a home exercise program with lumbar stabilization and to try to improve his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 8 Treatments (Lumbar Spine): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient was injured in 1987. It is likely that the patient has but it is unclear how many sessions the patient undergone physical therapy previously, may have had. Additionally, there is no documentation of objective functional improvement from any previous physical therapy. Finally, if the patient has not undergone therapy previously, that a 6-visit trial may be indicated. Unfortunately, the currently requested 8 visits exceeds the trial recommended by guidelines, and there is no provision to modify the current request. As such, the current request for physical therapy is not medically necessary.