

<b>Case Number:</b>	CM15-0078104		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Emergency 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 59 year old male, who sustained an industrial injury on May 28, 2008. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having displacement intervertebral disc site unspecified without myelopathy, low back pain, lumbar radiculopathy, and history of lumbar fusion. Diagnostic studies to date included an MRI and x-rays. Treatment to date has included a home exercise program, aquatic therapy, work modifications, epidural steroid injections, and medications including long acting opioid, anti-epilepsy, muscle relaxant, and topical pain. On March 10, 2015, the injured worker complains of persistent symptoms of lumbar spine to right lower extremity. There was no response to the two recent lumbar epidural steroid injections. The physical exam revealed lumbar spine tenderness, spasm, decreased range of motion, and decreased sensation in the right lower extremity. The treatment plan includes an updated MRI and to continue with pain management. The treatment requested is 10 sessions (2-3 times per week) of physical therapy for the low back/lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3x/week for 10 sessions low back, lumbar: Upheld**

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has completed an unknown number of prior physical therapy sessions with no documented benefits. It is unclear why patient with chronic pain with chronic unchanged pain suddenly requires physical therapy. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions are necessary. Additional physical therapy is not medically necessary.