

<b>Case Number:</b>	CM15-0078755		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 (IW) is a 42 year old male who sustained an industrial injury on 02/18/2014. He reported low back pain. The injured worker was diagnosed as low back pain, lumbar degenerative disc disease, lumbar spondylosis, chronic pain syndrome, and myalgia. On 04/10/2015, he was seen by his primary treating physician who states he has started to exercise regularly to stay active. The worker describes his lower back pain as aching and stabbing made worse with prolonged sitting, standing, walking, lying down, bending and lifting, and made better with medications, changing positions and physical therapy. There are more than eight physical therapy sessions documented since 02/18/2015 in the available medical records. The worker rates his pain as 5-6/10 without medications and 3-4/10 with medications. He has no new symptoms or neurologic changes. Requested for authorization were made for: Outpatient physical therapy (PT) one to two (1-2) times weekly for four to six (4-6) weeks, total of six (6) sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy (PT) one to two (1-2) times weekly for four to six (4-6) weeks, total of six (6) sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**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) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, outpatient physical therapy 1-2 times per week for 4-6 weeks (six sessions) 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 morbid obesity; unspecified hypothyroidism; low back pain; degenerative disc disease lumbar; spondylosis lumbosacral region; chronic pain syndrome; and myalgia. The documentation according to an April 10, 2015 progress note (request for authorization date April 13, 2015) shows the injured worker had complaints of low back pain with improved symptoms, improved with medications. The VAS pain score was 3-4/10 with medications. The injured worker is engaged in a home exercise program. Objectively, there is tenderness to palpation in the paravertebral muscle groups. The worker received an unspecified number of prior physical therapy visits for low back pain. The guidelines recommend 10 visits over 8 weeks for lumbar sprains and strains. There is no documentation evidencing objective functional improvement. There are no physical therapy progress notes in the record. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, physical therapy progress notes and compelling clinical facts indicating additional physical therapy is warranted, outpatient physical therapy 1-2 times per week for 4-6 weeks (six sessions) is not medically necessary.