

<b>Case Number:</b>	CM15-0090648		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 63-year-old male who sustained an industrial injury on 08/02/2012. Current diagnosis includes lumbar sprain/strain with disk disease and facet disease with flare-up. Previous treatments included medication management, therapy, and home exercise program. Report dated 04/27/2015 noted that the injured worker presented with complaints that included increasing low back pain. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion, and tenderness in the paraspinal muscles. The treatment plan included requests for therapy, Meloxicam, and return in 6 weeks. Disputed treatments include therapy 2 x 3 weeks for 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapy 2x3 weeks for 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine 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, physical therapy two times per week times three 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar sprain/strain with disc disease and facet disease with a flare-up. Documentation according to a qualified medical examination (QME) states into worker received physical therapy and chiropractic therapy, but did not receive much benefit. Page 22 of the medical record contains 24 services from May 20, 2014 through January 8, 2015. It is unclear whether this represents chiropractic treatment or prior physical therapy treatments. There is no documentation of prior physical therapy progress notes. There is no documentation demonstrating objective functional improvement with prior physical therapy. According to a March 30, 2014 progress note, the treating provider states the injured worker was engaged in a home exercise program. According to an April 27, 2015 progress note (request for authorization date April 30, 2015), the injured worker subjectively complained of low back pain and mid back pain for the VAS pain score 7-8/10. Objectively there was tenderness palpation and decreased range of motion. There was no documentation with compelling clinical facts indicating additional physical therapy is warranted. Additionally, there was no objective improvement documented with prior physical therapy. Consequently, absent clinical documentation with objective functional improvement from prior physical therapy and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times three weeks (six sessions) is not medically necessary.