

<b>Case Number:</b>	CM13-0012007		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of November 30, 2012. A utilization review determination dated August 30, 2013 recommends noncertification for 12 sessions of lumbar spine physical therapy. Noncertification was recommended since the patient has undergone 24 sessions of physical therapy. A progress report dated April 1, 2013 identifies subjective complaints indicating that the patient is not improving with his current medication. The patient complains of low back pain radiating to the right hip and back of the right knee. Objective examination findings revealed tenderness over the lower lumbar spine paraspinal muscles with restricted range of motion and positive straight leg raise. The diagnoses include lumbosacral spine strain. The treatment plan recommends referral to an orthopedic specialist, Anaprox, and 12 visits of physical therapy. Numerous physical therapy reports are provided for review. A progress note dated April 15, 2013 states that the patient has "exhausted all conservative treatment measures."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 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 additional 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. Guidelines recommend 10-12 visits of physical therapy for the treatment of lumbar radiculitis and 10 visits for the treatment of lumbar strains. Within the documentation available for review, it is unclear how many therapy sessions the patient has already undergone. However, it is likely that the currently requested number of sessions in addition to the number of therapy sessions already provided, exceeds the maximum number recommended by guidelines for any of this patient's diagnoses. Additionally, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.