

<b>Case Number:</b>	CM13-0019846		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 male patient with the date of injury of April 26, 2011. A utilization review determination dated August 27, 2013 recommends non-certification of physical therapy at 6 visits for the lumbar spine. The previous reviewing physician recommended non-certification of physical therapy at 6 visits for the lumbar spine due to lack of documentation of the amount of prior therapy and results of that treatment and exceptional factors present. A Progress Report dated November 19, 2013 identifies Subjective Complaints of pain mostly in his low back. He has occasional pain down both lower extremities. He states he really did not have much physical therapy. He was just told to do some exercises and it was inadequate. Objective Findings include reduced range of motion of the lumbar spine with some guarding. Diagnosis/Diagnoses include chronic low back pain, grade 2 spondylolisthesis at L5-S1, bilateral foraminal stenosis with bilateral pars defect at this level per MRI, 10/15/13. Discussion/Plan identifies additional physical therapy 2 times a week for 4 weeks since his prior therapy was inadequate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine (6 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 Chapter, Physical Therapy.

**Decision rationale:** 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, while it's stated that prior therapy was inadequate, there is no indication of the number of prior therapy visits and no objective functional improvement was achieved from the therapy already provided. Additionally, there is 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 Physical Therapy is not medically necessary.