

<b>Case Number:</b>	CM13-0022112		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 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:

According to the records made available for review, this is a 55-year-old male with a 1/25/11 date of injury, and lumbar spine surgery in 2011 and 2012. At the time (8/20/13) of the Decision for physical therapy 2 x per week for 6 weeks to lumbar, there is documentation of subjective findings of neck pain with numbness and tingling in the hands, right hand pain, and low back pain with numbness and tingling in the lower extremities and objective findings of positive Phalen's test, positive Valsalva test, positive Kemp's test, positive straight leg raise, and tenderness over the paraspinal musculature. The current diagnoses are status post lumbar spine surgery and treatment to date includes bilateral carpal tunnel release, multiple lumbar spine surgeries, and medications. Medical reports identify a request for physical therapy for the lumbar spine. It cannot be determined if this is a request for initial or additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X PER WEEK FOR 6 WEEKS TO LUMBAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Low Back, Physical Therapy Other Medical Treatment Guideline or Medical Evidence:  
Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar radiculitis not to exceed 12 visits over 8 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of status post lumbar spine surgery. However, given documentation of an 1/25/11 date of injury, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 x per week for 6 weeks to lumbar is not medically necessary.