

<b>Case Number:</b>	CM13-0023270		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### **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:

This is a 51-year-old male with a 3/26/13 date of injury. The mechanism of injury occurred when he was at work lifting a huge freezer, the freezer slipped and pulled his back down. According to a handwritten progress report dated 8/12/13, the patient complained of constant lower back pain that radiated into his right leg and right foot. Objective findings: slow antalgic gait. Diagnostic impression: lumbar spine sprain with lower extremity radiculitis. Treatment to date: medication Management, activity modification, physical therapy. A UR decision dated 8/21/13 denied the request for physical therapy 2x8, lumbar. He has had 19 physical therapy sessions, more than adequate for this chronic condition. There is no medical rationale for continued physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional physical therapy for the lumbar spine (18 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS

Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to the UR decision dated 8/21/13, the patient has already completed 19 sessions of physical therapy. Guidelines support up to 10 visits over 8 weeks for lumbar sprains. An additional 16 sessions more than exceeds guideline recommendations. Excessive physical therapy can lead to treatment dependence. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient is not participating in an independent home exercise program. Therefore, the request for additional physical therapy for the lumbar spine (16 sessions) is not medically necessary.