

<b>Case Number:</b>	CM13-0023647		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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.

### 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 patient is a 27-year-old male who reported a work-related injury on 04/16/2012; specific mechanism of injury not stated. However, the patient presents for complaints of treatment of lumbar spine pain. The clinical notes document the patient has received over 40 sessions of physical therapy for his lumbar spine pain complaints. The clinical note dated 10/03/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes cane to assist with ambulation. The patient reports intermittent numbness and tingling down the right lower extremity. The provider documents, upon physical exam of patient, mild tenderness along the lumbar paraspinal muscles were noted. Otherwise, the patient's gait is fluid and well balanced with an even pace and neurologic examination was intact. The provider documents the patient utilizes Flexeril, trazodone, Effexor, Protonix, and Terocin patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 12 visits (3x4) for 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 Page(s): 99.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence significant objective findings to symptomatology to support

continued supervised physical therapy interventions at this point in the patient's treatment. California MTUS indicates, "To allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine." Any functional deficits should be addressed with an independent home exercise program at this point in the patient's treatment. Given all the above, the request for physical therapy times 12 visits (3x4) for lumbar is not medically necessary or appropriate.