

<b>Case Number:</b>	CM13-0024074		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbar disk displacement associated with an industrial injury date of March 20, 2012. A utilization review from September 10, 2013 denied the request for additional physical therapy twice a week for six weeks for the lumbar due to no long-term benefit and no deficits to Warren supervised therapy over a self-directed home exercise program. Treatment to date has included facet injection, physical therapy 34, epidural steroid injection 3, chiropractic treatment 24, and end opioid and non-opioid pain medications. Medical records from 2012 through 2013 were reviewed showing the patient complaining of chronic 8/10 back pain and 3/10 right leg pain. The pain is aggravated by activity and movement. Symptoms have affected the patient's ability to perform activities of daily living and work functions. The patient has had 34 sessions of physical therapy; no documentation concerning functional improvements. Objectively, the patient has normal neurologic functions for the bilateral lower extremities. Range of motion for the lumbar spine is noted to be limited and painful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2 TIMES 6, LUMBAR:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, state physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient has had a total of 34 physical therapy sessions as well as an extensive chiropractic and epidural steroid injection regimen. Despite the knee total amount of physical therapy sessions, the patient continues to have pain symptoms. There is no documentation concerning functional improvement due to the physical therapy sessions such as improved ability to perform activities of daily living. It is unclear why the patient cannot perform self directed home exercises given the amount of sessions the patient has completed. Therefore, the request for additional physical therapy twice a week for six weeks for the lumbar spine is not medically necessary and appropriate.