

<b>Case Number:</b>	CM13-0034220		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/19/2000
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Occupational Medicine 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 patient reported a 10/19/00 date of injury. At the time (6/24/13) of request for authorization for physical therapy (2) times a week for (3) weeks for the lumbar, there is documentation of subjective (exacerbation of low back and left lower extremity pain) and objective (hypesthesia in the S1 dermatome, decreased ankle reflexes, and weakness of the extensor hallucis longus) findings, current diagnoses (lumbar post laminectomy syndrome, lumbar sprain/strain, and lumbago), and treatment to date (medications and activity modification).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (2) TIMES A WEEK FOR (3) WEEKS FOR THE LUMBAR:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Low Back - Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Physical Therapy and Title 8, California Code of Regulations

**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 sprain/strain not to exceed 10 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 diagnoses of (lumbar postlaminectomy syndrome, lumbar sprain/strain, and lumbago. In addition, given documentation of subjective (exacerbation of low back and left lower extremity pain) and objective (hypesthesia in the S1 dermatome, decreased ankle reflexes, and weakness of the extensor hallucis longus) findings, there is documentation of functional deficits and functional goals. However, it is not clear if this is a request for initial (where previous physical therapy has not been recent) or additional (where previous physical therapy is recent and 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 times a week for 3 weeks for the lumbar is not medically necessary.