

<b>Case Number:</b>	CM13-0035625		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 is licensed to practice in Texas. 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 a 38-year-old male who reported an injury on 04/12/2013 after he ran over a pallet with a forklift, which reportedly caused injury to the patient's lumbar spine. The patient's treatment history included medications and physical therapy. The patient's most recent clinical evaluation documented that the patient had low back pain rated at 2/10 to 3/10, and that the patient had completed a course of physical therapy. Physical findings included restricted range of motion secondary to pain. It was noted that the patient's sciatica had resolved. The patient's diagnoses included a lumbar strain with radiculitis. The patient's treatment plan included Fentanyl patches, a TENS unit, and additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) ADDITIONAL PHYSICAL THERAPY VISITS, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS, FOR THE LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The 8 additional physical therapy visits 2 times a week for 4 weeks for the low back is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has participated in at least 15 visits of physical therapy. The California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits of physical therapy for this type of injury. Although the patient does have continued pain complaints that may benefit from additional active therapy, the requested additional 8 visits in combination with the already applied 15 treatments is well in excess of guideline recommendations. The clinical documentation does not provide any exceptional factors to extend treatment beyond guideline recommendations. Additionally, there are no barriers noted within the documentation to preclude further progress of the patient while participating in a self-directed home exercise program. As such, the requested 8 additional physical therapy visits 2 times a week for 4 weeks for the low back are not medically necessary or appropriate.