

<b>Case Number:</b>	CM13-0036582		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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, has a subspecialty in Pain Management, 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 female patient with a date of injury of September 21, 2010. A utilization review determination dated September 30, 2013 recommends modification of physical therapy. Twelve sessions were requested, 10 sessions were recommended for certification. Physical therapy progress notes are provided for review dated October 8, 2013 through November 11, 2013, with 10 sessions being provided. An Agreed Medical Evaluation dated May 22, 2012 indicates that the patient had undergone physical therapy shortly after her initial injury. A progress report dated September 26, 2013 indicates that the patient has pain rated as 4-7/10 in the low back with pain radiating into both legs. The neurologic examination identifies normal muscle strength and deep tendon reflexes with normal sensation and a positive straight leg raise. Diagnoses include status post contusion/brain-strain of the lumbar spine, bilateral L5-S1 radiculopathy confirmed by EMG/nerve conduction study, and depression. The current treatment plan recommends pain management to be designated as the patient's secondary treating physician. The note also indicates that the patient is on temporary total disability and has work restrictions. The progress report dated March 25, 2013 recommends that the patient was advised to continue her home exercise program. A note dated April 15, 2013 indicates that physical therapy at [REDACTED] offered temporary benefit without progressive improvement. The patient reportedly also underwent 24 chiropractic sessions and 6 acupuncture sessions which provided no sustained improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (12 VISITS) OVER 4 WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, PHYSICAL THERAPY

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any sustained objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary