

<b>Case Number:</b>	CM13-0038809		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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. 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 claimant is a 55 year old male who sustained a work related injury on 11/12/2002. The mechanism of injury was not provided. His diagnoses include low back and neck pain. He relates that his pain is 5/10 after medication and 9/10 without medication. Pain increases with activity. On exam he has an antalgic gait and uses a cane for ambulation. Spasm was noted in the cervical paraspinal muscles bilaterally. There was also spinal vertebral tenderness in the cervical region with decreased range of cervical motion. Spasm and decreased range of lumbar motion was noted and pain was increased with lumbar extension. Sensitivity to touch was noted along the L5-S1 dermatome in both lower extremities. The treating provider has requested eight (8) physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Spine..

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

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic low back pain. Recommendations state that for most patients with more severe acute and subacute low back pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed 10 physical therapy sessions with a reported good benefit. There is no specific indication for 8 more sessions. The recommendation would be for a total of 12 visits or 2 additional therapy sessions. Medical necessity for the requested 8 physical therapy sessions has not been established. The requested service is not medically necessary..