

<b>Case Number:</b>	CM13-0039689		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Maryland. 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:

██████████ was a 57 year old male injured on 5/7/2013 due to a motor vehicle accident. His evaluation included an x-ray of thoracic spine that showed mild stable L1 wedge compression fracture. His MRI of lumbar spine in May 2013 showed degenerative disc disease and forminal narrowing, most severe at L5-S1 with possible annular tear at the posterior disc. Mild endplate compression with large Schmorl's node was similar to the prior radiograph from 2/13/13. End plate marrow changes at T12-L1. A small lipoma of the filum terminale. He was evaluated in an emergency room and subsequently was seen by Neurosurgery as there was a question of discitis. He was treated with Flexeril, Ultram and TLSO brace which he stopped using after a short while due to improvement of his pain. He was treated with Physical therapy for 24 sessions. He was working full time and was doing home exercises. He reported improvement in pain with physical therapy. Diagnoses included fractured vertebra, strain of lumbar region, spinal stenosis of lumbar spine and low back pain. On 09/23/13 he was seen by the treating provider. His subjective symptoms included pain in low back at 3/10, without radiation. Objective findings included limited extension to 5 degrees, pain with the extension of torso, normal sensation, normal strength, normal gait, negative SLR and normal neurological examination. A request was made for continuation of physical therapy 2 times a week for 3 weeks. The physical therapy note from September 6, 2013 notes that he had 24 visits. He was noted to have occasional pain. He was noted to have a pain level of 2-7/10. He was discharged to HEP for self progression. He was noted to have likely met his maximum benefit from skilled PT services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x 3 weeks for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back pain, Physical medicine.

**Decision rationale:** The Physician Reviewer's decision rationale: According to MTUS Physical therapy is recommended for low back pain with a trial of 6 visits over 2 weeks, with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective or maintenance care is not medically necessary. According to ODG, physical therapy is recommended for low back pain to include not more than 10 visits over 8 weeks except in post surgical visits when more number of visits is recommended. In this particular case, there is evidence of improvement of symptoms with no work restriction. He was also discharged from PT for home exercise program due to maximal improvement in physical therapy. There is no documentation of exacerbation of pain. Hence the medical necessity for continued Physical therapy sessions is not met per MTUS and ODG guidelines.