

<b>Case Number:</b>	CM13-0045836		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 & Rehabilitation 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:

The injured worker is a 71-year-old male who reported an injury on 10/22/2010. The mechanism of injury was not provided. On 10/28/2013, the injured worker presented with low back and resolving leg pain. Prior therapy included physical therapy, medial branch blocks, epidural steroid injections, a medial branch neurotomy, and modification of activities. Upon examination of the lumbar spine, there was pain to palpation over the facet joints with range of motion, especially extension. There was 80% range of motion upon flexion, 90% of extension, and 100% of side bending bilaterally and 100% of external rotation bilaterally. The diagnoses were facet joint, facet syndrome, lumbar stenosis for L4-5, disc protrusion at L3-4 and L2-3, spondylolithesis L4-5 and L3-4, and right leg radiculopathy and radiculitis. The provider recommended physical therapy 2 times per week times 3 weeks and stated that a prior course of physical therapy improved range of motion significantly by 50% and decrease pain so that the injured worker was currently taken off pain medications. The provider stated that the pain is returning and 6 additional would be helpful. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, lumbar spine 2x week x 3 weeks:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process as per the guideline recommendations. There is a lack of documentation of objective findings impacting the injured worker's functionality sufficient to require further supervised therapy. As such, the request is not medically necessary.