

<b>Case Number:</b>	CM13-0051911		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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:

This 34 year-old female sustained an injury on 7/31/13 while employed by [REDACTED]. [REDACTED] Request under consideration include PT to lumbar spine for 12 sessions. Initial report of injury noted patient with complaints of lumbar pinching sensation after manipulating some tables. X-rays were normal. The patient had few PT sessions, but was non-compliant which the patient reported to be due to dissatisfaction of facility and was placed on modified work duties. Report of 9/19/13 from the provider noted patient with intermittent, localized, non-specific back pain with episodic referral to the legs in not particular pattern. Patient noted 20 pound weight gain in 7 weeks since injury. Exam showed weight of 217 pounds; restricted lumbar active range of motion; symmetrical DTRs, diffuse sensory hypoesthesia in L4 through S1 dermatomes; isolated 1st toe weakness of flexion/extension with facet tenderness on palpation. The request for PT was non-certified on 10/16/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PT LUMBAR SPINE X 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: American College of Occupational and Environmental Medicine (ACOEM) Chapter On Low Back DISORDERS.

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

**Decision rationale:** This 34 year-old female sustained an injury on 7/31/13 while employed by [REDACTED]. Request under consideration include PT to lumbar spine for 12 sessions. Initial report of injury noted patient with complaints of lumbar pinching sensation after manipulating some tables. X-rays were normal. The patient had few PT sessions, but was non-compliant which the patient reported to be due to dissatisfaction of facility and was placed on modified work duties. Report of 9/19/13 from the provider noted patient with intermittent, localized, non-specific back pain with episodic referral to the legs in not particular pattern. Patient noted 20 pound weight gain in 7 weeks since injury. Exam showed weight of 217 pounds; restricted lumbar active range of motion; symmetrical DTRs, diffuse sensory hypoesthesia in L4 through S1 dermatomes; isolated 1st toe weakness of flexion/extension with facet tenderness on palpation. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of July 2013 with history of non-compliance of PT sessions certified. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The PT for lumbar spine X 12 is not medically necessary and appropriate.