

<b>Case Number:</b>	CM13-0057950		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/12/1996
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 patient is a 62-year-old female who reported an injury on 07/12/1996. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation documented that the patient was having an acute exacerbation of low back pain and radicular symptoms. Physical findings included a positive straight leg raising test bilaterally, tenderness to palpation over the lumbar facets from the L3-S1 regions, and trigger points palpated along the lumbar paraspinal musculature with restricted range of motion secondary to pain. The patient's treatment plan included continuation of medications, an epidural steroid injection, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy; two (2) times a week for six (6) weeks:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review indicated that the patient previously participated in physical therapy. The patient should be well-versed in a home exercise program. However, the patient's most recent documentation does not indicate that the patient is participating in a home exercise program. Therefore, 1 visit to 2 visits to re-educate and re-establish a home exercise program would be appropriate for this patient. However, the requested 2 times a week for 6 weeks is excessive. As such, the requested physical therapy; two (2) times a week for six (6) weeks is not medically necessary or appropriate.