

<b>Case Number:</b>	CM13-0059580		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant is a 48 year old woman with date of injury of 1/27/2012. Her diagnoses are lumbar facet syndrome, spondylolithesis and left lumbar sprain with radiculitis. She has been evaluated with an MRI of LS spine on 7/7/2012. She's been treated with medications, physical therapy, chiropractic, home exercise program and L5-S1 steroid injection. The current request is for 6 sessions of physical therapy after planned bilateral facet injections at L4-L5 and L5-S1. The original UR decision approved 2 of the 6 sessions and denied the remaining requested sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE, QUANTITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,308. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

**Decision rationale:** The California MTUS Guidelines recommends the use of physical therapy for back pain complaints with recommendation against prolonged manipulation (greater than 4 weeks). The Official Disability Guidelines (ODG) for physical therapy after steroid injection of

the back limit the use to no more than two additional visits to emphasize home exercise program. The request in this case was for six additional sessions of physical therapy after facet joint injections. The claimant in this case had already been treated with a course of physical therapy earlier in the course of her treatment, and the request would exceed guideline recommendations. Therefore, the request for physical therapy for the lumbar spine, quantity 6 is not medically necessary and appropriate.