

<b>Case Number:</b>	CM13-0060662		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/20/2000
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 70-year-old female who reported an injury on 11/22/2000 when she fell from a broken chair and reportedly sustained an injury to her low back. It is noted that the patient has received physical therapy to assist with pain control and does not wish to take any medications. The patient's most recent clinical documentation included objective findings of good lumbar range of motion, a negative straight leg raising test, and no spinal tenderness or muscle spasming to palpation. The patient's diagnoses included chronic low back pain. The patient's treatment plan included continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for low back pain (12 sessions):** 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 clinical documentation submitted for review does indicate that the patient has completed 5 out of 6 authorized physical therapy sessions with continued pain complaints. However, a quantitative assessment of the patient's pain is not provided for review.

Therefore, the efficacy of the prior therapy cannot be established as there are no other significant deficits for physical therapy to address. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. Clinical documentation does indicate that the patient is not participating in a home exercise program. However, there are no significant barriers to preclude participation in an independent home exercise program. Therefore, the need for additional physical therapy is not supported. As such, the requested 12 outpatient physical therapy sessions for the low back pain 2 times per week for 6 weeks is not medically necessary or appropriate.