

<b>Case Number:</b>	CM13-0062247		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/23/2008
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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, 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 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:

According to the records made available for review, this is a 63-year-old female with an 11/23/08 date of injury. At the time of request for authorization for Physical Therapy Lumbar Spine 2x6, there is documentation of subjective (pain across the back and goes down both butt cheeks and wraps around on the thighs on occasion) and objective (decreased lumbar ROM. Tenderness throughout the paraspinal muscles and lumbar spine) findings, current diagnosis (lumbar degenerative disc disease), and treatment to date (medications). Report states that the patient has never had physical therapy for the lumbar spine. The proposed number of physical therapy sessions exceeds guidelines for an initial trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY LUMBAR SPINE 2 X 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PAIN, SUFFERING AND THE RESTORATION OF FUNCTION CHAPTER (ACOEM PRACTICE GUIDELINES (2004)) PAGE 114.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PAIN, SUFFERING AND THE RESTORATION OF FUNCTION CHAPTER (ACOEM PRACTICE GUIDELINES (2004)) PAGE 114; and the non-

MTUS Citation: OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, PHYSICAL THERAPY (PT).

**Decision rationale:** The MTUS reference to ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. The ODG guidelines recommend a limited course of physical therapy for patients with a diagnosis of lumbar radiculopathy not to exceed 10-12 sessions over 8 weeks; and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. In addition, the ODG identifies an initial course of up to six visits to determine whether the patient is responding favorably to physical therapy treatment. Within the medical information available for review, there is documentation of a diagnosis of lumbar degenerative disc disease. In addition, there is documentation of functional deficits and functional goals. However, the proposed number of physical therapy sessions exceeds guidelines for an initial trial. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy Lumbar Spine 2x6 is not medically necessary.