

<b>Case Number:</b>	CM13-0063251		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 is a 44-year-old who injured the low back in a work-related accident on October 2, 2012. Clinical records that were provided for review in regard to the claimant's lumbar spine indicated that 30 sessions of physical therapy between November 16, 2012 and October 30, 2013 had been provided. The follow-up clinical report of November 21, 2013 documented ongoing complaints of low back, right buttock, and thigh pain. It also documented that the claimant had been continuing with home exercises. Physical examination showed mildly restricted range of motion at endpoints with equal and symmetrical reflexes, normal sensory and motor examination. Recommendation was for the claimant to continue with a course of formal physical therapy for 12 additional sessions for the current diagnosis of "discogenic syndrome." There was no documentation of prior surgical history and no recent clinical imaging was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL LUMBAR PHYSICAL THERAPY 2 TIMES 6: 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:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy for 12 sessions would not be supported. The records in this case document that the claimant has completed a significant course of physical therapy culminating at the end of October 2013 even in the chronic clinical setting. At present, there would be no indication for 12 additional sessions of therapy, which would exceed chronic pain medical treatment guidelines of therapy in the chronic setting that typically would recommend no more than 9 to 10 visits for a diagnosis of myalgias or myositis. There is no documentation of objective findings on examination to support the need for formal physical therapy or that would make this claimant an exception to the recommended standard of treatment. The claimant has a home exercise program as documented and should continue management with home based exercises.