

<b>Case Number:</b>	CM13-0064612		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/27/2006
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and 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 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 patient is an employee of [REDACTED] and has filed a claim for cervical and lumbar strains associated with an industrial injury date of February 27, 2006. The utilization review from November 27, 2013 denied the request for physical therapy 3 x 4 for the lumbar spine due to no significant objective findings and unknown total prior sessions of physical therapy. The treatment to date has included physical therapy, home exercise program, carpal and pronator tunnel release on the right, and pain medications. The medical records from 2013 through 2014 were reviewed showing the patient complaining of constant low back pain with radicular symptoms. The patient also continues to have pain involving both arms with occasional tingling in the right middle finger. On examination, there was bilateral paralumbar tenderness noted which extends into the sciatic notches, a left greater than right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x4 Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient has had previous physical therapy sessions but the total amount of sessions was not indicated in the documentation. Functional gains such as increased ability to perform activities of daily living were not stated in the documentation. Given prior physical therapy, it is unclear why the patient needs additional physical therapy for transition into an independent program as a home exercise program should have been instituted during the first treatment cycle. Therefore, a request for physical therapy is not medically necessary.