

<b>Case Number:</b>	CM13-0065955		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/13/1999
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 a 62 year-old female who sustained an injury on 8/13/99 while employed by [REDACTED]. Request under consideration include 12 sessions of physical therapy for the lumbar spine. The patient has history of lumbar laminectomy and fusion at L4-5. Conservative care has included medications, modified activities, physical therapy, and back injections. Report of 11/15/13 from the provider noted patient with persistent low back pain with regular activity of bending and twisting. The patient had lumbar surgery and flare-up has been persistent. Exam showed lumbar tenderness with painful extension and rotation. Treatment include medication, activity modification and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Review of submitted

physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The employee has received more than the amount of therapy sessions recommended per the MTUS guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments for this 1999 injury. The request for 12 sessions of physical therapy for the lumbar spine is not medically necessary and appropriate.