

<b>Case Number:</b>	CM13-0067710		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	11/12/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine 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 63-year-old female who has submitted a claim for lumbar muscle strain, left shoulder bursitis, and left patellofemoral syndrome associated with an industrial injury date of July 3, 2013. Medical records from 2013-2014 were reviewed. The patient complained of bilateral low back pain, rated 5/10 in severity. The pain was characterized as aching and was constant and non-radiating. Physical examination showed moderate tenderness to the bilateral lumbar paraspinals and the left sacroiliac joint area. Range of motion of the lumbar spine was limited. Motor strength and sensation was intact. Magnetic resonance imaging (MRI) of the lumbar spine, dated April 4, 2014, revealed 4mm left foraminal disc protrusion at L5-S1 which results in moderate left neuroforaminal narrowing with the disc protrusion abutting the left L5 foraminal/extraforaminal nerve, 4-5mm broad posterior disc protrusion at L4-L5 which results in mild to moderate bilateral neuroforaminal narrowing, 3mm broad posterior disc protrusion at L2-L3 with resultant mild bilateral neuroforaminal narrowing, 2-3mm broad posterior disc protrusion at L3-L4 without evidence of spinal stenosis or neuroforaminal narrowing, mild to moderate bilateral facet arthropathy at L4-L5 and mild bilateral facet arthropathy at L3-L4 and L5-S1, and grade 1 2mm anterolisthesis of L4 on L5. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and left knee arthroscopic surgery. Previous utilization review (undated) denied the request for physical therapy with no duration or number of sessions requested for the low back. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY WITH NO DURATION OR NUMBER OF SESSIONS REQUESTED FOR THE LOW BACK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**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 CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, the patient previously underwent an unknown number of physical therapy sessions for an unspecified body part. There was no documentation of the previous physical therapy visits and there was no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals. It was also not documented why additional physical therapy for the low back is needed. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. Patient is also expected to be well versed in a self-directed home exercise program by now. Furthermore, the present request failed to specify the number of treatment sessions and duration. Therefore, the request for physical therapy with no duration or number of sessions requested for the low back is not medically necessary.