

<b>Case Number:</b>	CM13-0068335		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Occupational 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:

According to the records made available for review, this is a 27-year-old male with a 2/5/13 date of injury. At the time (10/21/13) of request for authorization for additional physical therapy three times a week for four weeks for the lumbar and thoracic spine, there is documentation of subjective (low and mid-back pain) and objective (tenderness to palpation over the lumbar spine, decreased lumbar range of motion, and spasm of the lumboparaspinal musculature) findings, current diagnoses (lumbar spondylosis, mild bilateral foraminal stenosis, and thoracic myofascial Final Determination Letter for IMR Case Number CM13-0068335 3 pain), and treatment to date (at least 6 physical therapy sessions). In addition, physical therapy progress reports identify that lumbar range of motion at the beginning and end of treatment remained the same. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date; and remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR AND THORACIC SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK - LUMBAR & THORACIC, PHYSICAL THERAPY.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of intervertebral disc disorders not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis, mild bilateral foraminal stenosis, and thoracic myofascial pain. In addition, there is documentation of at least 6 physical therapy sessions completed to date. However, given documentation of physical therapy progress reports identifying that lumbar range of motion at the beginning and end of treatment remained the same, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. In addition, given that the proposed number of sessions, in addition to the sessions already completed, would exceed guidelines; and despite documentation of subjective (low and mid-back pain) and objective (tenderness to palpation over the lumbar spine, decreased lumbar range of motion, and spasm of the lumboparaspinal musculature) findings; there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy three times a week for four weeks for the lumbar and thoracic spine is not medically necessary.