

<b>Case Number:</b>	CM13-0070213		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Texas. 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 injured worker is a 48 year old female with an injury reported on 11/28/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/18/2013, reported that the injured worker complained of low back pain. The physical examination findings reported range of motion of lumbar spine demonstrated flexion to 60 degrees, extension to 50 degrees, left and right lateral tilt to 50 degrees. It was noted the injured worker performed light household duties, shopping for groceries, grooming, and cooking. The injured worker's diagnoses included spondylolisthesis L5-S1; thoracic myofascial pain. The request for authorization was submitted on 12/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE, 3 TIMES A WEEK FOR 4 WEEKS AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 288.

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

**Decision rationale:** The request for 12 additional physical therapy for the lumbar spine, 3 times a week for 4 weeks as an outpatient is non-certified. The injured worker complained of low back pain. The injured worker's range of motion of lumbar spine demonstrated flexion to 60 degrees, extension to 50 degrees, left and right lateral tilt to 50 degrees. It was noted the injured worker performed light household duties, shopping for groceries, grooming, and cooking. According to the CA MTUS guidelines active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was noted the injured worker is able to perform light household duties, to include shopping, grooming and cooking. It is unclear if the injured worker has significant functional deficits. It was noted the injured worker had previous sessions of physical therapy; however, there is a lack of clinical information provided indicating the amount of sessions and if the injured worker had any documented functional improvement. Therefore, the request is not medically necessary and appropriate.