

<b>Case Number:</b>	CM14-0000668		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Practice, has a subspecialty in Preventive 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 42 year old female claimant sustained a work injury on 9/23/11 involving the lumbar spine. She had a history of repetitive work related back pain. An MRI in 10/2011 showed T12-L1 disc dessication and protrusion as well as an L4-L5 annular tear. An exam note on 10/1/13 indicated her pain was 5-6/10 and worsens with household chores. Objective findings include limited range of motion of the spine and a positive straight leg raise. She also had paralumbar tenderness. She had been using oral analgesics for pain and a TENS unit. Morning exercises and stretching improved her stiffness. A recommendation was made for physical therapy 2 times a week for 4 weeks. On 12/9/13 there was an additional request for therapy 3 times a week for 4 weeks which would include 6 sessions of work hardening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The MTUS guidelines for physical medicine indicate that physical therapy is recommended for short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines state that for unspecified myalgias and myositis, up to 9-10 visits over 8 weeks are recommended, with fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the claimant had already been in therapy and a functional restoration program. There are no exam notes or response to initial therapy prescribed in October 2013. In addition, the amount of visits ordered (12) is beyond the amount recommended by the guidelines. The 12 sessions of therapy is not medically necessary.