

<b>Case Number:</b>	CM14-0005619		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/18/2006
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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 53 year old male who reported an injury on 10/18/2006 secondary to an unknown mechanism of injury. The injured worker completed 6 sessions of physical therapy for the lumbar spine between 05/08/2013 and 06/14/2013 and was noted to exhibit 40 degrees of lumbar flexion and 20 degrees of lumbar extension upon completion. He also reported increased movement and flexibility. He completed an additional 6 visits of physical therapy between 08/22/2013 and 10/02/2013, and it was noted that lumbar range of motion values were unchanged since the completion of the first 6 sessions of therapy. The injured worker was evaluated on 12/27/2013 and reported ongoing lower back pain of unknown severity. On physical examination, he was noted to exhibit 40 degrees of lumbar flexion and 15 degrees of lumbar extension. He was also noted to have normal reflexes, sensation, and motor strength of the lower extremities. A request for authorization was submitted for physical therapy 2 times per weeks for 3 weeks to the lumbar spine. The documentation submitted for review failed to provide a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES PER WEEK FOR THREE WEEKS TO LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 130

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The request for physical therapy 2 times per weeks for 3 weeks to the lumbar spine is non-certified. The California MTUS Guidelines recommend physical therapy for restoring flexibility, strength, endurance, function, range of motion and alleviating discomfort. The injured worker has completed 12 sessions of physical therapy for the lumbar spine. While there is some documentation of limited range of motion in the most recent clinical note, there are no other functional limitations documented. Additionally, the medical records submitted for review fail to indicate that the injured worker gained any functional improvement with the previous 6 sessions of physical therapy. Furthermore, the guidelines recommend a treatment period of up to 10 visits. The injured worker has already exceeded the duration of physical therapy recommended by the evidence-based guidelines. As such, the request for physical therapy 2 times per weeks for 3 weeks to the lumbar spine is non-certified.