

<b>Case Number:</b>	CM14-0007521		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 45 year old female with an injury reported on 05/21/2013. The mechanism of injury was noted as a fall. The clinical note dated 10/03/2013, reported that the injured worker complained of pain to the low back extending to the left buttock and thigh. Upon physical examination the injured worker's low back showed pain and muscle spasm at the level of L4-L5 and L5-S1 to palpation. It was reported that sensory testing demonstrated change in pinprick sensation on the dorsum of the left foot comparable with the area innervated by the L5 nerve root. The injured worker's prescribed medication list included nabumetone 500mg and hydrocodone. The injured worker's diagnoses included ovarian cyst removal, left little finger surgery, disc derangement at the level of L4-5, and occasional lumbar radiculopathy involving the left side. The provider requested sixteen physical therapy sessions for the lumbar spine, the rationale was not provided within the documentation. The request for authorization was submitted on 01/21/2014. The injured worker's prior treatments were not included within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIXTEEN (16) PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for sixteen physical therapy sessions for the lumbar spine is not medically necessary. The injured worker complained of pain to low back extending to the left buttock and thigh. The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. 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. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition was not provided; it was unclear if the injured worker had significant functional deficits. Furthermore, as the guidelines recommend 8-10 sessions of physical therapy, the request for sixteen physical therapy sessions would exceed the guideline recommendations. Therefore, the request is not medically necessary.