

<b>Case Number:</b>	CM14-0007561		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	12/20/2013
<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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 53-year-old male with a 8/7/00 date of injury. The exact mechanism of injury has not been described. On 12/10/13 the patient presented with lower back pain and left posterior lower extremity pain. He felt a "pop" when he was getting out of bed and felt a subsequent sharp pain down his leg, which has since resolved. Objective: tenderness over the lumbar paraspinals and restricted lumbar ROM. In the plan of care it documents physical therapy, and then to continue daily walking. On 1/28/14 the patient complains of continued pain and was told to continue daily walking. Diagnostic Impression: chronic intractable neck and lower back pain, neuropathic pain, opioid dependence. Treatment to date: s/p permanent spinal cord stimulator revision, medication management, activity modification. A UR decision dated 12/20/13 denied the request for physical therapy since, given the 2000 date of injury, it is likely the patient has previously had physical therapy. However, there is not specific musculoskeletal conditions that would preclude performance of a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2 (Physical Therapy) Page(s): 98-99.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, given the patient's 2000 date of injury, the patient has had physical therapy previously. It is unclear whether he is participating in an independent home exercise program other than daily walking. It is not clearly documented if he had any functional improvement from prior physical therapy sessions. The number of physical therapy sessions being requested is not noted. Therefore, the request for physical therapy-lumbar was not medically necessary.