

<b>Case Number:</b>	CM14-0101154		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 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 injured worker is a 60-year-old female who reported an injury on 10/01/2008. On 04/21/2014, the injured worker complained of low back pain radiating to the right leg. Examination showed there was tenderness on palpation to the lower back and decreased deep tendon reflexes. Prior treatments were not noted. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Physical Therapy to the Lumbar Spine (2x for 3 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

**Decision rationale:** The request for six sessions of Physical Therapy to the lumbar spine 2 times a week for 3 weeks is not medically necessary. California MTUS states that 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation showing the injured worker's prior course of physical therapy, or the efficacy of the prior therapy. Physical therapy visits that have already been completed were not provided. Injured worker was instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.