

<b>Case Number:</b>	CM14-0101978		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 46-year-old female reported a work related injury on 01/17/2014 due to lifting a client. The injured worker's diagnoses consist of a lumbar strain and mild facet arthropathy at L4-5 and L5-S1 with mild bilateral neural foraminal stenosis. The injured worker's past treatment has included 18 sessions of physical therapy and acupuncture. Diagnostic studies and surgical history were not provided for review. Upon examination on 06/04/2014, the injured worker complained of low back pain which is worse with walking, bending, lifting, and twisting. The injured worker stated the pain radiated intermittently to the left and right buttocks. She also stated she felt numbness in her feet, which she stated resolved with acupuncture. Upon physical assessment, it was noted that the injured worker felt uncomfortable, but no acute distress was noted. It was also noted that the injured worker's gait was normal. However, lumbar range of motion was moderately restricted with pain at the limits of her range. It was also noted within the documentation that there was tenderness to palpation over the midline of the lumbosacral spine. The injured worker's prescribed medications include Tramadol. The treatment plan consisted of 12 sessions of physical therapy and continues the use of tramadol. The rationale for the request was not submitted for review. The Request for Authorization Form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for seven (7) weeks 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for Physical Therapy is not medically necessary. The California MTUS Guidelines recommends 8 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review stated the injured worker completed 18 sessions of physical therapy and acupuncture care. However, documentation requiring those sessions were not provided for review. Additionally, within the documentation there is no evidence of exceptional factors to warrant additional visits. The California Chronic Pain Medical Treatment Guidelines also recommend active therapy based on the philosophy of 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 an 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. Home exercise can include exercise with or without mechanical assistance or resistance, and functional activities with assistive devices. Additionally, the clinical documentation did not provide any current significant functional deficits or quantifiable objective functional improvements with regard to the lower back with previous physical therapy sessions and acupuncture. There is no documentation of any significant residual functional deficits to support a request for additional therapy. Therefore, the request to continue Physical Therapy is not medically necessary.