

<b>Case Number:</b>	CM14-0102366		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/06/2014
<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 and 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 56-year-old male who reported an injury on 04/01/2013 due to a trip and fall. On 05/15/2014, the injured worker presented with low back pain. Upon examination, there was decreased sensation to light touch over the left L4 and L5 dermatomes with a positive left-sided straight leg raise. There was paravertebral muscle spasm and tenderness in the lower lumbar region. The diagnoses were low back pain with radicular symptoms to the left lower extremity and MRI findings of disc extrusion at L4-5. Prior therapies included medications and surgery. The provider recommended physical therapy for the lumbar spine 2 sessions per week for 4 weeks. The provider's rationale was not provided. 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:

**Physical therapy for the lumbar spine, two sessions per week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 302-303. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy guidelines

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

**Decision rationale:** The request for physical therapy for the lumbar spine 2 sessions per week for 4 weeks is not medically necessary. The 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. The guidelines recommend 10 visits of physical therapy over 4 weeks. There is lack of documentation indicating the injured worker's prior course of physical therapy, as well as efficacy of the prior therapy. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.