

<b>Case Number:</b>	CM14-0108218		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/13/1996
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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:

According to the records made available for review, this is a 68-year-old female with a 9/13/96 date of injury. At the time (5/27/14) of the request for authorization for physical therapy 2 x wk, x 6 wks, lumbar spine, there is documentation of subjective (constant severe pain in her lower back with traveling pain to her buttocks and to the posterior aspect of her lower extremities and calves with numbness, tingling, and weakness) and objective (tenderness at the paravertebral muscles with spasms; tenderness of the bilateral sacroiliac joints, buttocks, and bilateral posterior thighs; decreased lumbar spine range of motion; tenderness of the sciatic nerves bilaterally down to the calves; motor power of the extensor hallucis longus bilaterally is 4/5+; paresthesia is noted in the distribution area of the bilateral L4/L5/S1 regions) findings, current diagnoses (status post lumbar fusion with radiculopathy), and treatment to date (not specified). The requested physical therapy 2 x wk, x 6 wks, lumbar spine exceeds guidelines (for an initial trial).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x wk, x 6 wks, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of intervertebral disc disorder not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion with radiculopathy. In addition, there is documentation of objective functional deficits and functional goals. However, the requested physical therapy 2 x wk, x 6 wks, lumbar spine exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 x wk, x 6 wks, for the lumbar spine is not medically necessary.