

<b>Case Number:</b>	CM14-0011267		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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, 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 52-year-old male with a 02/08/2013 date of injury, due to repetitive movement. 12/31/13 determination was non-certified given that the clinical information did not demonstrate medical necessity for further formal physical therapy. 1/6/14 appeal letter states that the patient has had physical therapy in the past, however, she was not really taught a home exercise and stretching program to increase flexibility and core strength. 1/28/14 medical report identifies pain level of 6/10 with medications and 7/10 without medications. She described intermittent burning, stinging pain in the low back. Exam revealed 5/5 strength. 12/4/13 medical report identifies that the patient has had extensive conservative treatment including massage therapy, 12 sessions of physical therapy, and occasional home exercise and stretching program. 9/9/13 physical therapy report identified that the patient was instructed on home exercise/equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL OUTPATIENT PHYSICAL THERAPY FOR THE LUMBAR SPINE, TWO SESSIONS PER WEEK FOR THREE WEEKS FOR A TOTAL OF SIX SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The patient presented low back pain. It is noted that the requested sessions were intended for instruction on a home exercise program and the requesting provider indicated that even though the patient had physical therapy, she was not properly instructed on a home exercise program. 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. Records indicate that the patient completed 12 sessions of physical therapy, which exceed CA MTUS recommendations for myalgia, myositis, and radiculitis. The patient was also instructed on a home exercise program since at least September 2013 and she was occasionally following the program in December. In addition, the most recent medical reports did not indicate specific functional deficits and the specific goals to be attained in the therapy were not provided. Given the above the request is not medically necessary.