

<b>Case Number:</b>	CM14-0012117		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 78-year-old who reported an injury on August 5, 2010 due to a slip and sprain injury to the left lower back. The clinical note dated November 6, 2013 noted the injured worker presented with low back pain and left leg weakness. Upon exam of the lumbar spine, there was a VAS score of 5/10, a slow and deliberate gait, pain elicited over the left lumbar paraspinal muscles, left facet joint, and quadratus lumborum. Range of motion values of 60 degrees of flexion, full extension, 30 degrees of left lateral rotation, and full right lateral rotation. The diagnosis was low back pain. The current treatment was Tylenol every 8 hours. The provider recommended physical therapy to the lumbar spine times eight. The request for authorization form was not included in the medical documents for review. The provider's rationale for the physical therapy visits was not included in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TO LUMBAR SPINE X 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 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. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The Guidelines allow for up to ten visits of physical therapy treatment; the amount of physical therapy that has already been completed was not provided. The efficacy of the prior treatment was not included in the documents. The provider did not include a frequency in the request. The request for eight sessions of physical therapy to the lumbar spine is not medically necessary or appropriate.