

<b>Case Number:</b>	CM14-0012756		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational Medicine, 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:

Patient is a 57-year-old female who has submitted a claim for low back pain with disc herniation and radiculopathy associated with an industrial injury date of 4/24/12. Medical records from 2012-2013 were reviewed which revealed persistent stabbing low back pain accompanied by burning sensation in the right leg. There were limitations with working, lifting, standing and bending. Physical examination showed tenderness at L4-L5 and L5-S1 paraspinal muscle level particularly on the right. Lateral bending, flexion and extension were 25% decreased. Treatment to date has included, 23 physical therapy visits, chiropractic treatment and massage therapy. Medications taken include Norco and Ultram. Utilization review from 1/24/14 denied the request for 12 PT sessions for lumbar spine because patient already completed 23 sessions. There was no specific goal noted and outcome of prior supervised PT mentioned in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back (updated 12/27/13): Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Physical Medicine Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient underwent physical therapy since May 14, 2013 and completed a total of 23 sessions. However, there is no documentation in the records that she had significant improvement with previous physical therapy sessions. In addition, she is currently in an independent home exercise program. She should be well versed to self-manage her condition via a home exercise program. Medical necessity has not been established. Therefore, the request for twelve (12) Physical Therapy Sessions for Lumbar Spine is not medically necessary.