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| <b>Case Number:</b>   | CM14-0013787 |                              |            |
| <b>Date Assigned:</b> | 02/26/2014   | <b>Date of Injury:</b>       | 04/23/2013 |
| <b>Decision Date:</b> | 06/27/2014   | <b>UR Denial Date:</b>       | 01/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2014 |

### 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 & Rehabilitation and is licensed to practice in Texas. 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 34-year-old female with a reported date of injury on 04/23/2013. The mechanism of injury was a fall. Her diagnoses were noted to include a sprain/strain of the lumbar, lumbar radiculopathy, back muscle spasms, and back pain. Her previous treatments were noted to include physical therapy, acupuncture, and pain medications. The progress note dated 10/03/2013 reported the range of motion of the back was restricted with flexion, the fingertips approximating the mid tibia, extension was 30/30 degrees, lateral flexion bilaterally was 45/45 degrees, and lateral rotation bilaterally was 30/30 degrees. The provider reported the back muscles displayed no weakness. The request for authorization form dated 01/03/2014 was for physiotherapy two times a week for 3 weeks, and the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TO THE LUMBAR SPINE, 2 TIMES A WEEK FOR 3 WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 12,

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

**Decision rationale:** The request for physical therapy to the lumbar spine, 2 times a week for 3 weeks is not medically. The injured worker has had 6 previous sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation provided does show current measurable objective functional deficits regarding range of motion. However, there is a lack of documentation regarding quantifiable objective functional improvement from the previous sessions of physical therapy. The injured worker has received 6 sessions of physical therapy to her back, 6 sessions to her neck, and 12 sessions of acupuncture, the request for an additional 6 sessions of physical therapy would exceed the recommended guidelines. Therefore, due to the lack of quantifiable objective functional improvement, it is unknown whether physical therapy is appropriate at this time. Therefore, the request is not medically necessary.