

<b>Case Number:</b>	CM14-0013915		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/06/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/17/2014
<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 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:

The patient is a 45-year-old male who has submitted a claim for lumbar spine sprain / strain, and lumbar facet arthropathy associated with an industrial injury date of 03/06/2011. Medical records from 2013 were reviewed. Patient complained of constant low back pain radiating to the left lower extremity associated with numbness and tingling sensation. This resulted in difficulty performing self-care activities. Intake of medications alleviated symptoms. Physical examination showed tenderness at the paralumbar muscles. Range of motion was restricted. Straight leg raise test resulted to low back pain. Reflexes and strength were normal. Treatment to date has included lumbar facet block, chiropractic care, acupuncture, physical therapy, and medications. A Utilization review from 01/17/2014 denied the request for physical therapy 2 x 3 to the back because of no documentation concerning functional benefits from previous therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES 3 FOR THE BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, patient complained of persistent low back pain radiating to the left lower extremity despite facet block, physical therapy, and medications. However, the patient's response to previous PT was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Given the duration of injury, it is unclear why patient is still not versed to home exercise program to address the residual deficits. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. Therefore, the request for physical therapy 2 times 3 for the back is not medically necessary.