

<b>Case Number:</b>	CM14-0016606		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female who has submitted a claim for lumbar radiculopathy and lumbar disc protrusions associated with an industrial injury date of September 12, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain and stiffness. Physical examination revealed diffuse tenderness over the lower back. Lumbar range of motion were as follows: flexion to 50 degrees, extension to 10 degrees, right and left lateral flexion to 10 degrees, right and left rotation to 10 degrees. DTRs, muscle strength and sensation were within normal limits. Straight leg raise test was negative. Treatment to date has included physical therapy, epidural steroid injections, and medications, which include Norco and Motrin. Utilization review from February 5, 2014 denied the request for physiotherapy 3 times a week for 4 weeks to lumbar spine because there was no evidence of significant progressive functional improvement from the previous physical therapy sessions in the records provided. A valid rationale as to why any remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physio-Therapy (3) times a week for (4) weeks to Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for intervertebral disc disorders and lumbar sprain/strain; and 10-12 visits over 8 weeks for lumbosacral neuritis/radiculitis. In this case, review of records indicates that the patient has completed an unknown number of physical therapy sessions following the injury in 2011. Records indicate a course of PT in 2011 and another course in 2013. It is therefore expected that the patient has received more than an adequate number of supervised PT sessions for her condition that she should be well versed in a self-directed home exercise program. There is no clear indication for continued physical therapy sessions in the absence of evidence participation in a home exercise program. Moreover, there was no description regarding objective benefits derived from the previous sessions. Furthermore, with the addition of the present request for 12 sessions, the total number would exceed the number of PT sessions recommended by the guidelines. Therefore, the request for Physio-Therapy (3) times a week for (4) weeks to Lumbar Spine is not medically necessary.