

<b>Case Number:</b>	CM14-0118936		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/20/2001
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of April 20, 2001. A utilization review determination dated July 17, 2014 recommends non-certification of physical therapy 8 visits for the lumbar spine. A letter dated July 17, 2014 indicates that the patient has not attended physical therapy for his back. He has attended chiropractic care but no formal physical therapy. He is also not well versed in an independent exercise program for his back. 8 course of formal physical therapy is indicated to instruct the patient on therapeutic exercises for lumbar stabilization and core strengthening, postural and body mechanics training, and with an emphasis on transitioning to an independent program for self-maintenance. A progress report dated July 8, 2014 identifies subjective complaints of back pain with bilateral posterior leg pain worse on the left than on the right. Objective findings identify restricted lumbar range of motion with positive slump test. Diagnoses include lumbar spondylosis and stenosis with chronic lower back and lower extremity radicular pain and chronic lumbar strain. The treatment plan recommends physical therapy 2 times per week for 4 weeks for lumbar stabilization and core strengthening exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT x 8 visits Lumbar.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 130.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 12 visits over 8 weeks for the diagnosis of lumbar radiculitis. Within the documentation available for review, it is acknowledged that the requesting physician has indicated that the patient has never undergone physical therapy previously. Therefore, a trial of physical therapy seems reasonable. A trial would generally be 6 visits, but guidelines do not directly preclude an 8 visit trial to see whether the patient is able to make any objective gains. Reasonable treatment goals have been outlined including instruction in a home exercise program, core strengthening, and biomechanics. As such, the currently requested physical therapy 8 visits for the lumbar spine are medically necessary.