

<b>Case Number:</b>	CM14-0127712		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 January 13, 2014. A utilization review determination dated July 25, 2014 recommends noncertification of additional physical therapy for the lumbar spine. A physical therapy progress report dated July 18, 2014 indicates that the patient has completed 6 visits of therapy and feels "more positive about his outcome with physical therapy. Notes his walking tolerance has improved." The treatment goals include independence with a home exercise program and restore range of motion to within normal limits. A prescription dated July 17, 2014 indicates that the patient has completed 6 sessions of physical therapy which has lowered his Oswestry from 38% to 28%. Additional physical therapy is recommended to reach full independent home exercise program. This progress report dated June 9, 2014 identifies subjective complaints of moderate constant low back pain. Physical examination findings reveal restricted range of motion with tenderness and spasm in the paravertebral area. Motor and sensory examinations are normal. Diagnoses include low back pain, lumbar disc degeneration, and facet mediated pain in the lumbar spine. The treatment plan states that the patient has completed about 12 sessions of physical therapy to date with additional therapy recommended to address a home exercise program and lumbar stabilization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times per week for 3 weeks to lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter and Physical Therapy Guidelines

**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 10 therapy visits for the treatment of lumbar sprains/strains and intervertebral disc disorders. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.