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| <b>Case Number:</b>   | CM14-0130694 |                              |            |
| <b>Date Assigned:</b> | 09/08/2014   | <b>Date of Injury:</b>       | 11/04/1999 |
| <b>Decision Date:</b> | 10/20/2014   | <b>UR Denial Date:</b>       | 08/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2014 |

### 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 and is licensed to practice in Nevada. 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 59 year-old female who was reportedly injured on 11/4/1999. The mechanism of injury is noted as an injury occurring when a patient fell on her. The most recent progress note dated 7/23/2014, indicates that there were ongoing complaints of chronic low back pain and bilateral knee pain. The physical examination demonstrated lumbar spine: antalgic gait. Heel and toe walk is not normal due to pain. Lower extremity reflexes 2+ equal bilaterally, muscle strength 4/5 equal bilaterally. Positive tenderness to palpation lumbar spinous processes, enter spinous ligaments, posterior superior iliac space, sciatic notch is, and facet joints. Straight leg raise causes back pain in the supine and sitting position. Lumbar extension does cause pain over the facet joints, for moral stretch negative. Decreased range of motion in the lumbar spine. Radiographs of the lumbar spine revealed grade 1-2 Spondylotic spondylolisthesis L5-S1 with advanced degenerative disc disease. Previous treatment includes physical therapy, medications, and conservative treatment. A request was made for physical therapy of the lumbar spine, unknown frequency or duration specified and was non-certified in the pre-authorization process on 8/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Lumbar spine, as an outpatient no frequency or duration specified:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/lowback>; Table 2 , Summary of Recommendations, Low Back disorders

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

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has multiple chronic complaints of low back pain and bilateral knee pain and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent several sessions of functional restoration therapy in the past and in the absence of clinical documentation to support additional visits; this request is not considered medically necessary. Also please note the treating physician neglected to document frequency and duration of the requested physical therapy.