

<b>Case Number:</b>	CM14-0133214		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 male patient with the date of injury of October 4, 2013. A Utilization Review was performed on August 7, 2014 and recommended non-certification of 8 additional therapy sessions lumbar. There is note of 14 therapy sessions completed to date. A Progress Report dated July 15, 2014 identifies current complaints of back pain that is constant, dull and achy becoming sharp and stabbing with any increased activities. The pain radiates into the bilateral lower extremities with weakness. Physical Examination identifies positive paravertebral muscle spasm bilaterally. There is decreased lumbar range of motion. Positive Braggard's, Kemp's, Lasegue, and Milgram's tests bilaterally. Diagnoses identify lumbar spine myoligamentous injury, rule out herniated nucleus pulposus. Treatment plan identifies physical therapy to increase strength, increase motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy for lumbar, 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. Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. The Official Disability Guidelines 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. Official Disability Guidelines recommends 12 physical therapy sessions. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, there is mention of 14 physical therapy sessions have been previously completed, which exceeds guidelines. In light of such issues, the current request for physical therapy for lumbar is not medically necessary.