

<b>Case Number:</b>	CM14-0135778		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Occupational Medicine 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 43 year old patient had a date of injury on 5/19/2009. The mechanism of injury was not noted. In a progress noted dated 7/7/2014, subjective findings included pain in lower back with radiation into left leg and right hip on this visit. His pain level is 7/10 with medications allowing for improved function with mood. He reports he is performing his home exercise program as outlined by prior physical therapy. On a physical exam dated 7/7/2014, objective findings included restricted range of motion of lumbar spine, heel and toe walk are normal. Lumbar facet loading is positive on left side. Diagnostic impression shows lumbago, neuralgia, neuritis and radiculitis, spinal lumbar degenerative disc disease, low back pain, lumbar radiculopathy, sacroiliitis. Treatment to date: medication therapy, behavioral modification, 12 physical therapy sessions to date A UR decision dated 8/4/2014 denied the request for physical therapy treatment to lumbar spine #6, stating that there was lack of objective clinical improvement with PT including aquatic therapy to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy treatment for the lumbar spine, QTY: 6 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational and Environmental Medicine), July 2012 Back Section; Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114 Official Disability Guidelines (ODG) low back chapter

**Decision rationale:** The MTUS Chronic Pain Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The MTUS Chronic Pain Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The ODG recommends 10 visits over 8 weeks for strains and sprains of lumbar area of back. In a progress note dated 7/7/2014, the patient is noted to be performing home exercise program he learned in previous physical therapy sessions. Furthermore, he is noted to have improved function and mood with his medications, as he is able to perform his house hold activities such as light housekeeping and cooking as well as all hygienic ADLs and function socially. It is unclear what benefit additional physical therapy sessions would provide. Therefore, the request for additional physical therapy #6 to lumbar spine is not medically necessary.