

<b>Case Number:</b>	CM14-0143542		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 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:

The underlying date of injury in this case is 01/21/2014. The date of the utilization review under appeal is 08/26/2014. On 07/18/2014, the treating physician submitted a PR-2 report in reference to ongoing symptoms of an acute L1 compression deformity with underlying lumbar spondylosis and a neuropathy. That physician noted that the patient was using Neurontin for radicular symptoms. That form also notes that physical therapy was not very helpful. The patient felt her balance was off. On exam the patient had a normal gait and heel-toe walk bilaterally. Lumbar range of motion was decreased about 25%. The treating physician indicated a plan to use a TENS unit in lieu of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, updated 08/22/14.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends transition to an independent home rehabilitation program. The treatment guidelines anticipate that this patient would have transitioned to such an independent home rehabilitation program or that, alternatively, specific goals would be documented to support a need for additional physical therapy. The records in this case indicate the patient did undergo past physical therapy with limited benefit. The treating physician notes do not provide a rationale or goals for additional supervised physical therapy but, rather, suggest that alternate treatment would be planned since prior physical therapy was not effective. In this situation, the records and guidelines do not support an indication for the requested physical therapy. This request is not medically necessary.