

<b>Case Number:</b>	CM14-0151468		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Louisiana. 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 patient is a 44 year old female who was injured on 09/12/12. The mechanism of injury is unknown. Past treatment history included physical therapy but there were no documented completed sessions. There was no other history available for review. There were no diagnostic studies submitted for review. According to the UR, which provides sufficient evidence for the request submitted, the patient was seen on 8/8/14 with complaints of low back pain. Her examination revealed her straight leg raise on the left side at 35 degrees which caused contralateral pain and when raised at 35-70 degrees, it caused bilateral pain. The patient was diagnosed with spondylolisthesis, instability, and sciatica, and she was recommended to continue with therapy so that she will be able to return to work without restrictions. Prior Utilization Review dated 08/28/14 denied the request for physical therapy 2 times 6 as there is no documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the lower back (2 times 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy of the Lumbar.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended for both a passive portion for acute short-term relief and active methods to maintain improvement levels. Guidelines require documentation of objective improvements with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise plan program would be insufficient. In this case, it is unclear of how many physical therapy session was completed over the past two years and there is no supporting documentation of functional gains from prior physical therapy. There is lack of supporting documentation to indicate the necessity of this request therefore, it is not medically necessary at this time.