

<b>Case Number:</b>	CM14-0152285		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/11/2000
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Internal Medicine, has a subspecialty in Nephrology, 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 patient is a 55-year-old male who has submitted a claim for sprain/strain of lumbosacral associated with an industrial injury date of 08/11/2000. Medical records from 02/28/2013 to 07/28/2014 were reviewed and showed that patient complained of back pain graded 5-9/10 radiating down the left leg. Physical examination revealed decreased range of motion (ROM), weakness of bilateral plantar flexors, and hyporeflexia of bilateral knees and ankles. MRI of the lumbar spine (date unavailable) revealed L2-L3 disc herniation with L2 nerve root impingement and L2-3, L3-4, and L4-5 spondylolisthesis. Treatment to date has included unspecified visits of physical therapy (PT) and pain medications. Of note, there was no documentation of functional outcome resulting from previous physical therapy visits. Utilization review dated 08/18/2014 denied the request for Twelve (12) additional physical therapy visits for the lumbar spine because it was unknown if the patient had functional improvement with previous PT visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional physical therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, and range of motion and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already completed unspecified visits of physical therapy. However, there was no documentation of functional outcome from previous physical therapy visits. It is unclear as to why the patient cannot transition into a home exercise program (HEP). Therefore, the request for twelve additional physical therapy visits for the lumbar spine is not medically necessary.