

<b>Case Number:</b>	CM14-0180580		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 is a patient with a date of injury of January 7, 2013. A utilization review determination dated October 22, 2014 recommends noncertification of additional physical therapy. A progress report dated October 15, 2014 identifies increased pain level affecting the back which is occasionally quite severe. Physical therapy is being denied. Physical examination findings reveal restricted range of motion in the lumbar spine with tenderness to palpation around the lumbar spine and paravertebral muscles. There is positive facet loading. The patient has 5/5 strength in the lower extremities and normal sensation to light touch. Diagnoses include lumbar degenerative disc disease. The treatment plan states that the patient has benefited from physical therapy for flare-ups and attempts a home exercise program. He continues to attend chiropractic therapy on an as needed basis and use a ThermoCare. The note includes guidelines recommending 10 physical therapy visits over 8 weeks for lumbar sprain/strain and lumbar intervertebral disc disorders. A progress report dated September 3, 2014 identifies subjective complaints of ongoing pain. The patient's activity level has decreased. The patient "continues with aqua therapy." And his pain has improved slightly. The note goes on to request an appeal 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 to low back x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, 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. ODG has more specific criteria for the ongoing use of physical therapy. ODG 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. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.