

<b>Case Number:</b>	CM14-0181071		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 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 32-year old female who sustained her injury on 4/9/12. She had received MRI evaluation of the lumbar spine, PT treatments for her spine on at least 2 occasions, ESI (Epidural Steroid injections), and pain meds. A note on 6/4/14 from an orthopedic consultant stated that she had a large disc at L4-5 and needed an ESI, and if that was not efficacious she then should be considered for surgical correction of her problem. On 10/19/14 a note is appreciated from the patient's PCP who stated that she had severe lumbar pain associated with symptoms of radiating pain to her legs as well as weakness. She was being treated with Robaxin and Ultram with some relief but also with some side effects noted. He requested MRI and PT for her symptoms. However, the UR refused to grant permission for the PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 to the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , lumbar PT page 1390

**Decision rationale:** The MTUS details the approach to physical therapeutic intervention for lumbar pain. It states that exercises for strengthening, ROM, and stretching, relaxation techniques, and aerobic exercises should be stressed. It also states that 1-2 visits for education, counseling, and evaluation of home ROM stretching, and strengthening exercises would be appropriate. The ODG states that 10 visits should be allowed over a period of 8 weeks for lumbar PT. These visits should emphasize a decrease in frequency and emphasize active self-directed home PT. Our patient had already received 2 sessions of PT and she should be well versed in home exercises and techniques for pain. This is the cornerstone of physical modality treatment for lumbar pain and disease. Also, the ODG allows for 10 PT visits over 8 weeks for medical lumbar therapy. The M.D. is requesting to have 12 treatments. Therefore, the Physical Therapy 2 x 6 to the low back is not medically necessary.