

<b>Case Number:</b>	CM14-0021651		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Occupational 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 57-year old female who has submitted a claim for lumbar sprain/strain associated with an industrial injury dated of June 29, 2013. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to the left lower extremity. According to physical examination, it revealed hypertonicity over the paraspinal muscles bilaterally and tenderness bilaterally. The examination of the lumbar spine revealed decreased range of motion with flexion 45 degrees, extension 10 degrees, right and left lateral flexion 10 degrees, and straight leg raise test was positive on the left with pain radiating down the left lateral thigh, there was: normal strength and sensation on the right lower extremity, decreased strength 4/5 on the left at S1 only, normal strength 5/5 on the left at L4 and L5, decreased sensation at L4 only and normal sensation at L5 and S1, and the DTRs (Deep Tendon Reflexes) were 2+ bilaterally at patellar and Achilles tendons. The treatment to date has included medications, chiropractic treatment, and physical therapy. Utilization review on February 3, 2014 denied the request for 12 sessions of physical therapy for the lumbar spine because the patient did not have documented significant objective deficits upon examination to support additional formal supervised physical therapy versus an independent home exercise program. Treatment to date has included medications, chiropractic treatment, and physical therapy. Utilization review from February 3, 2014 denied the request for 12 sessions of physical therapy for the lumbar spine because the patient did not have documented significant objective deficits upon examination to support additional formal supervised PT versus an independent home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 12 SESSIONS FOR LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, 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. According to the Official Disability Guidelines, recommend 10 visits over 8 weeks for lumbar sprains. In this case, as cited from a progress report dated 11/11/13, the patient has had 12 sessions of physical therapy. She has had adequate sessions of physical therapy and should now be well versed in self-directed home exercises. Also, the current request for 12 sessions exceeds guideline recommendations. Furthermore, there is a lack of documentation regarding objective functional improvement and treatment response. Therefore, the request for 12 sessions of physical therapy for lumbar spine are not medically necessary.