

<b>Case Number:</b>	CM14-0026634		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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:

According to the records made available for review, this is a 33-year-old male with a 7/1/13 date of injury. At the time (1/21/14) of request for authorization for Physical Therapy to treat the lumbar spine times twelve (12), there is documentation of subjective (low back pain radiating into left lower extremity to his foot) and objective (decreased ankle reflexes, decreased range of motion with flexion 45 extension 15, positive bilateral straight leg raising) findings, current diagnoses (intervertebral disc displacement lumbosacral and radiculopathy), and treatment to date (twelve physical therapy sessions and medications). In addition, 12/3/13 medical report identifies previous physical therapy visits were not substantially beneficial. There is no documentation of remaining functional deficits that would justify exceeding guidelines and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY TO TREAT THE LUMBAR SPINE TIMES TWELVE (12): Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of Intervertebral disc disorders without myelopathy not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of intervertebral disc displacement lumbosacral and radiculopathy. In addition, there is documentation of physical therapy sessions to date. However, given documentation of twelve physical therapy sessions completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would justify exceeding guidelines. In addition, given documentation that previous physical therapy visits were not substantially beneficial, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy to treat the lumbar spine times twelve (12) is not medically necessary.