

<b>Case Number:</b>	CM14-0030402		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 and 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:

The injured worker's original date of injury was August 22, 2012 area the injured worker has diagnoses of lumbar radiculopathy, chronic low back pain, pain related insomnia, herniated lumbar disc and according to an agreed medical evaluation may be a surgical candidate. The patient has had prior physical therapy and instruction in a home exercise program. The patient is treated with oral pain medications including narcotics. There is a plan for 6 sessions of physical therapy after a lumbar epidural steroid injection. A utilization review determination on March 6, 2014 had modified the request for 6 visits of physical therapy to 3 visits of physical therapy. The stated rationale for this was that the patient Artie had previous physical therapy with instruction in a home exercise program, and guidelines recommend tapering formal physical therapy with a limited time course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar physical therapy 2x/week RFA 2-27-14 QTY: 6.00: Upheld**

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

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

**Decision rationale:** In the case of this injured worker, there has been previous physical therapy and this is a remote date of injury. According to guidelines, formal physical therapy should be tapered to self-directed home exercises. Therefore at the time of request in February 2014, this patient should have been well-versed in a home exercise program from prior physical therapy. The modification by the utilization reviewer from 6 visits to 3 visits is reasonable given the previous history of physical therapy. The request for 6 visits is not medically necessary.