

<b>Case Number:</b>	CM14-0041465		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 38-year-old male patient with a 6/27/12 date of injury. He injured himself while lifting cucumber boxes and injured his lower back. A progress report dated on 2/25/14 indicated that the patient complained of intermittent low back pain that radiated to the bilateral buttocks and intermittently to the posterior thigh. Physical exam revealed normal gait, no tenderness to palpation of the lumbar spine. Range of motion was decreased with flexion and extension. X-ray dated on 02/25/14 demonstrated mild disc space narrowing at the L3-S1. He was diagnosed with Intermittent bilateral lumbar radiculopathy, and L3-S1 disc degeneration. Treatment to date: medication management, physical therapy and acupuncture (according to 1/23/14 progress report), TENS unit, and epidural steroid injection x3. There is documentation of a previous 3/6/14 adverse determination was modified from 12 physical therapy sessions, to 3 physical therapy sessions, based on the fact that physical therapy could be beneficial for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2 times a week for 6 weeks for the low back:** 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 Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The patient presented with the pain in his lower back. According to progress report dated on 1/23/14, the patient has had physical therapy and acupuncture in the past. However, there was no documentation supporting functional gains following previous physical therapy sessions. There was modification from 12 physical therapy sessions to 3 physical therapy sessions, in the recent UR decision dated on 3/6/14. In addition, there was no documentation of functional gains of those physical therapy treatments. Additional physical therapy sessions cannot be certified without documentation of functional improvement from the prior physical therapy sessions. Therefore, the request for Physiotherapy 2 times a week for 6 weeks for the Low Back is not medically necessary.