

<b>Case Number:</b>	CM14-0045400		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Management 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:

This is a male patient with the date of injury of May 4, 2012. A Utilization Review was performed on March 14, 2014 and recommended non-certification of Physical Therapy 2xWk x 4Wks Lumbar Spine. There is note that the patient has completed 20 PT visits to date. An Attending Physician's Report dated February 28, 2014 identifies constant LBP and tight spasms bilateral legs along with numbness of bilateral legs. Objective findings identify gait is slow and guarded, decreased (illegible) flexion. Diagnostic impression identifies L5 radiculopathy, lumbar stenosis, and s/p lumbar surgery 7/10/13. Recommendations identify request authorization for PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x Wk x4Wks Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 Page(s): 98 OF 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for Physical Therapy 2xWk x 4Wks Lumbar Spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG supports up to 16 visits. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the 20 sessions already completed exceed guidelines. In light of such issues, the current request for Physical Therapy 2xWk x 4Wks Lumbar Spine is not medically necessary.