

<b>Case Number:</b>	CM14-0053397		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

This is a 58-year-old male with a 11/7/11 date of injury. The mechanism of injury occurred when he was using a hose to force material into a grinder while he was atop of a 12-foot ladder. He was doing this for hours when he felt a sharp pain or pop in the middle of this back. According to a 3/21/14 progress report, the patient stated that his recent LESI (Lumbar Epidural Steroid Injection) decreased the shooting pain down the right leg and burning foot pain by 90%. He still had persistent and increased low back pain. He stated that the TENS (Transcutaneous Electric Nerve Stimulation) unit has helped keep his medication usage at a minimum. Objective findings: increased low back pain due to a current flare-up, spasms are moderate, tenderness to palpation in the lower lumbar spine, improved sensation to touch in the right calf extending into the foot with improved strength in dorsi or plantar flexion, ROM (Range of Motion) limited in all planes due to flare-up. Diagnostic impression: lumbar sprain/strain, chronic pain syndrome, lumbosacral radiculitis. Treatment to date: medication management, activity modification, TENS unit, physical therapy, ESI (Epidural Steroid Injection) A UR decision dated 4/8/14 denied the request for 6 physical therapy sessions. A rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Physical Therapy sessions on the lower back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 and General Approaches. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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. ODG guidelines recommend up to 10 visits over 8 weeks for lumbar sprains and strains. It is documented in a 3/21/14 progress note that the patient has already completed 12 sessions of physical therapy. An additional 6 physical therapy sessions would exceed guideline recommendations. In addition, it is documented that the patient has not had significant improvement from his completed sessions. According to a 3/5/14 physical therapy report, the patient still complained of severe pain rated an 8/10. Furthermore, there is no documentation as to why the patient has not been able to transition to a home exercise program at this time. Therefore, the request for Six (6) Physical Therapy sessions on the lower back is not medically necessary and appropriate.