

<b>Case Number:</b>	CM14-0055210		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 patient with a date of injury of 1/8/14. A utilization review determination dated 4/4/14 recommends modification of physical therapy from 12 sessions to 3 sessions, as prior treatment included 10 sessions of PT and no objective evidence of functional improvement from those sessions was documented. A 3/6/14 medical report identifies a history of 6 PT sessions without significant improvement. There is back pain with occasional pain radiating down the left leg with intermittent numbness. On exam, there is lumbar tenderness and spasm, positive SLR on the left, and limited ROM. 12 additional PT sessions were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy (PT), 3 x per week for 4 weeks, in treatment of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ODG-TWC Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 03/31/14) ODG Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** Regarding the request for 12 sessions of physical therapy, the MTUS Chronic Pain Guidelines cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions or remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the MTUS Chronic Pain Guidelines supports only up to 10 PT sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 12 sessions of physical therapy are not medically necessary.