

<b>Case Number:</b>	CM14-0060498		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/23/2007
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 February 23, 2007. A utilization review determination dated April 7, 2014 recommends noncertification for 12 sessions of physical therapy for the lumbar spine. A progress report dated March 24, 2014 identifies subjective complaints of low back pain which is severe. Physical examination identifies spasm in the lumbar paraspinal muscles with restricted lumbar range of motion. Lower extremity neurologic examination is normal. No diagnosis is listed. The treatment plan recommends, a maintenance course of at least 6 physical therapy sessions is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) 3 x 4 - lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for additional physical therapy, 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. The 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. Within the documentation available for review, it is unclear how many previous physical therapy sessions the patient underwent. There is no documentation of any objective functional improvement from physical therapy sessions previously provided. It is unclear if the patient is currently utilizing a home exercise program. The requesting physician has not stated why a home exercise program would be insufficient to address any current functional deficits. The physician has stated that the current physical therapy is for maintenance. However guidelines do not support the use of maintenance physical therapy, and instead recommend transitioning to an independent program of home exercise. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.