

<b>Case Number:</b>	CM14-0061928		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/04/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2014

### 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:

The patient is a 65-year-old female who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc, lumbago and sprain of lumbar region associated with an industrial injury date of September 4, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of cervical spine, lumbar spine, left knee, right foot and upper extremity pains. Her lumbar spine pain was described as constant mild to moderate pain that was exacerbated at times by bending, lifting, stooping and prolonged sitting, standing and walking. Examination of the lumbar spine revealed that there is tenderness and spasm over the paravertebral musculature. Flexion was 40 degrees. Extension was 20 degrees. Lateral bending was 20 degrees bilaterally. Sacral flexion was 40 degrees. Sacral extension was 10 degrees. Straight leg testing in the seated and supine position at 60 degrees produced pain the lumbar spine bilaterally. Treatment performed for the patient's industrial injury on September 4, 2010 is not discernible based from the documents provided. Utilization review from April 10, 2014 denied the request for physical therapy two times a week for four weeks for the lumbar spine because the documents provided did not show that the patient requires physical therapy as the panel qualified medical report from February 17, 2014 had noted that the patient was already at maximal medical improvement with the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for four weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8, 98-99.

**Decision rationale:** According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient still complained of lumbar pain on November 7, 2013 and may possibly warrant further medical care, including physical therapy. However, the provided records are incomplete. There was no note if the patient underwent physical therapy before and if so, whether there was improvement. Furthermore, treatment objectives are also not evident from the medical records provided. Therefore, at this point, physical therapy two times a week for four weeks for the lumbar spine is not medically necessary.