

<b>Case Number:</b>	CM14-0063601		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/03/2003
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 43-year-old male was reportedly injured on April 23, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 5, 2014, indicates that there are ongoing complaints of thoracic and lumbar spine pain with radiation to the lower extremities. Current medications include Norco, Soma, Prilosec, Naproxen, and Restoril. The physical examination demonstrated slightly decreased lumbar spine range of motion and tenderness of the lumbar spine paraspinal muscles. There was a positive bilateral Kemp's Test and a normal lower extremity neurological examination. Regarding the thoracic spine there were severe muscle spasms and left paraspinal tenderness. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes two lumbar spine surgeries to include a lumbar fusion a request had been made for Physical Therapy for the lumbar spine twice week for six weeks and was not certified in the pre-authorization process on April 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine 2 times a week for 6 weeks for a total of 12 visits:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Physical Therapy, Updated August 22, 2014.

**Decision rationale:** According to the attached medical record the injured employee was reported to have standing work-related injury in 2003 and has had two lumbar spine surgeries since that time. The injured employee has almost certainly participated in previous physical therapy for the lumbar spine before and after each one of the surgeries. Considering this, it is unclear why there is an additional request for physical therapy at this time. Without additional justification, this request for physical therapy for the lumbar spine twice a week for six weeks is not medically necessary.