

<b>Case Number:</b>	CM14-0068376		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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 injured worker is a 32-year old male who sustained an industrial injury on 4/6/14. The injured worker's diagnoses include lumbar disc disease, lumbago and displacement of lumbar intervertebral disc without myelopathy, low back and leg pains. A physician progress note on 3/20/14 documented that patient completed four PT sessions as recommended. Patient felt that physical therapy has helped, but reported increased low back pain, radicular pain, muscle spasm, stiffness and difficulty with transfers. Physical therapy notes on 3/31/14 indicated that the patient made good progress with improved trunk and range of motion, lower extremity strength and core stability in multiple planes of motion. A utilization review determination had non-certified the disputed request for continuance of physical therapy. The stated rationale was that there is no documentation of a maintained increase in function and decrease in pain with the previous therapy. There was also no documentation of exceptional indication for therapy extension and reason why a prescribed independent home exercise program will be insufficient to address any functional deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 To 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 Page(s): 97.

**Decision rationale:** In the case of this injured worker, there is documentation that after the completed 4 physical therapy visits, there is still increased low back and radicular pain, more muscle spasms and stiffness. Based on CPMTG (Physical Medicine Guidelines): Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance function, range of motion, and alleviate discomfort. The outcome of physical therapy with regards to patient's pain and discomfort did not meet criteria.