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| <b>Case Number:</b>   | CM14-0074276 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 06/26/2003 |
| <b>Decision Date:</b> | 08/14/2014   | <b>UR Denial Date:</b>       | 05/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/21/2014 |

### 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 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 female patient with the date of injury of June 26, 2003. A Utilization Review was performed on May 2, 2014 and recommended non-certification of 12 Physical Therapy Visits between 4/28/2014 and 6/12/2014. There is also note that the patient previously underwent physical therapy. A Progress Report dated April 25, 2014 identifies Subjective Complaints of pain and spasm at lumbar and states her back has been getting worse and increasingly tighter. Objective findings identify positive pain with extension, positive SLR, positive spasm and tenderness, and positive TTP at L5-S1. Diagnoses identify lumbar HNP. Treatment Plan identifies PT 2x6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical Therapy Visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for 12 Physical Therapy Visits, 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. 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. ODG recommends up to 10 physical therapy visits. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In addition, the requested 12 Physical Therapy Visits exceeds guidelines. In light of such issues, the current request for 12 Physical Therapy Visits is not medically necessary.