

<b>Case Number:</b>	CM14-0077455		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/23/2006
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 an injured worker with a date of injury of 10/23/06. A utilization review determination dated 5/21/14 recommends modification of PT from 8 sessions to 6 sessions. The reviewer noted that it was discussed in teleconference that the injured worker had a recent exacerbation of lumbar symptoms and the last therapy treatment was nearly two years earlier. The provider wished to address the exacerbation and reinstitute a home exercise program. The provider was said to be amenable to modification to 6 sessions of PT. 5/5/14 medical report identifies back pain and right buttock pain radiating to the right foot as well as left thigh pain. Pain has increased since the last visit and is 9/10. On exam, there is paravertebral tenderness on the right side. Motor exam is limited by pain. 8 PT sessions were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xwk x 3 wks lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface.

**Decision rationale:** Regarding the request for physical therapy, California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." ODG supports a 6-session trial of PT to determine efficacy. Within the documentation available for review, the injured worker is noted to have had a recent exacerbation of low back pain. She has not had PT for approximately 2 years prior to the request and the provider noted a desire to address the exacerbation and progress the injured worker into an independent home exercise program. While ODG does recommend a 6-session trial of PT initially, the current request for 8 sessions is within the recommendations of the CA MTUS. In light of the above, the currently requested physical therapy is medically necessary.