

<b>Case Number:</b>	CM14-0077547		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/15/2004
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/15/2014
<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 Anesthesiology, 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 63 year old female who sustained an injury after she slipped and fell on some shampoo. Clinical note dated 03/14/14 reported that the injured worker was status post eight visits physical therapy for the low back. The injured worker continued to complain of low back pain at 7-8/10 on the visual analogue scale (VAS) radiating from her buttocks down to her right leg and to the back of the right knee. Physical examination noted Trendelenburg limp on the right and lateral right hip tenderness over the trochanteric. Current medications included Norco, Gabapentin, Excedrin, Paroxetine, Atorvastatin and Clonazepam. The injured worker was diagnosed with lumbar degenerative disc disease at L4-5, bilateral stenosis and L5-S1 right neural foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical therapy for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines, Low back chapter, Physical therapy (PT).

**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 chapter, Physical therapy (PT).

**Decision rationale:** The injured worker is over nine years post-date of injury. Previous request was partially certified for two physical therapy visits due to the fact that the patient has already completed eight physical therapy visits and a total of 10 visits are indicated for an injury of this nature, on the basis that there was no information provided that would indicate a surgical procedure has been performed. The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three or more visits a week to one or less), plus active self-directed home physical therapy. There was no indication that the patient is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 12 sessions of physical therapy for the lumbar spine is not indicated as medically necessary.