

<b>Case Number:</b>	CM14-0081627		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported an injury on 07/26/2006. The mechanism of injury was not provided. On 07/01/2014, the injured worker presented with lumbar spine pain. Upon examination of the lumbar spine, the range of motion values was 80% of flexion, 60% of extension, and 80% of lateral movement of the lumbar spine. There was a normal motor exam and he was grossly neurologically intact. The diagnoses were lumbar spine pain, degenerative disc disease of the lumbar spine, and sciatica. Prior therapy included an epidural steroid injection. The provider recommended physical therapy visits for the lumbar spine. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eighteen (18) Physical Therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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.

**Decision rationale:** The California MTUS states that 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 can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior courses of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has already completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request for 18 physical therapy visits exceeds the guideline recommendations. The provider's request does not indicate the frequency of the physical therapy visits in the request as submitted. As such, the request of eighteen (18) Physical Therapy visits for the lumbar spine is not medically necessary and appropriate.