

<b>Case Number:</b>	CM14-0089394		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 42-year-old female with a 10/14/09 date of injury, status post right wrist surgery in 2008, status post right knee surgery in 2010 and 10/5/12. At the time (5/19/14) of request for authorization for 12 Sessions Of Physical Therapy For The Lumbar Spine, there is documentation of subjective (chronic low back pain) and objective (tenderness to palpation at lumbosacral junction, right-sided greater than left, range of motion of lumbar spine decreased by 20% with flexion, 40% with extension and 20% with rotation bilaterally, axial loading of lumbar facet joints positive for pain, sensation intact to light touch at bilateral lower extremities, motor strength mildly decreased with right foot dorsiflexion compared to left lower extremity, and deep tendon reflexes 1+ at patella and Achilles) findings, current diagnoses (lumbar disc displacement without myelopathy and pain in joint lower leg), and treatment to date (lumbar epidural steroid injection, facet injection, radiofrequency ablation, transcutaneous electrical nerve stimulation (TENS) unit, medications (including Nabumetone, Ketamine cream, Doxepin cream, Lidoderm patch, and Nucynta)). Medical report identifies that patient has not had prior physical therapy for the lumbar spine.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Low Back -Lumbar & Thoracic, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of intervertebral disc disorders without myelopathy not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy and pain in joint lower leg. In addition, there is documentation that patient has not received prior physical therapy. Furthermore, there is documentation of functional deficits and functional goals. However, the requested 12 sessions of physical therapy for the lumbar spine exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of physical therapy for the lumbar spine is not medically necessary.