

<b>Case Number:</b>	CM14-0089816		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/25/2014
<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 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 a patient with a date of injury of 11/16/11. A utilization review determination dated 5/19/14 recommends non-certification of Physical Therapy. Six prior sessions were authorized. 4/23/14 medical report identifies axial low back pain 4/10. On exam, there is positive facet loading on the left. Flexion and extension are full and gait is non-antalgic. There was documentation of tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xwk x6wks 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 (ODG) Chapter: Low Back-Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 OF 127.

**Decision rationale:** Regarding the request for physical therapy, California MTUS supports up to 10 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." Within the documentation available for review, there is documentation of completion of prior Physical Therapy sessions, but there is no documentation of specific objective functional improvement with the previous

sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. The patient's ROM is noted to be full and gait is non-antalgic, with only some pain, tenderness, and facet loading noted. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

