

<b>Case Number:</b>	CM14-0094055		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/07/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Internal 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 47 year old male who reported an injury on 01/10/2004. The mechanism of injury was he was walking up stairs after twisting. His diagnoses included depression, lumbar radiculopathy, chronic pain, and insomnia. His diagnostics were not provided. He had a L3-L4 fusion and had injections. It was noted he previously attended physical therapy on several occasions, which the therapy did not improve his symptoms or function or he got minimal relief. His pain level on 06/05/2014 was reported as 7/10. His physical examination revealed decreased range of motion to the lumbar spine due to pain, tenderness to palpation over the L4-S1, and left lower extremity weakness noted. His medications included Vicodin, Gabapentin, and Advil. The treatment plan was for unknown sessions of physical therapy for the lumbar spine. The rationale for request and the request for authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown sessions of physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** Based on the clinical information submitted for review, the request for unknown sessions of physical therapy for the lumbar spine is not medically necessary. As stated in California MTUS Guidelines, passive therapy can provide short term relief during the early phases of pain treatment. Passive therapy can be used sparingly with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. The guidelines indicate up to 10 visits. The injured worker reports lower back pain. It was noted he previously tried physical therapy on several occasions, but he did not have improvement in his function or he got minimal relief. The guidelines indicate up to 10 visits of physical therapy; however, it was not documented how many visits the injured worker completed. Furthermore, the injured worker reported that all of his physical therapy sessions were of no benefit or minimal benefit with a lack in functional gains. The request failed to include how many visits are being requested. As such, the request for unknown sessions of physical therapy for the lumbar spine is not medically necessary.