

<b>Case Number:</b>	CM13-0044006		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 37 year old male who sustained an industrial injury on 06/30/2013. The injured worker (IW) states he was lifting a case of wine from a register he stepped on a grape, his foot slipped and he strained to keep the wine from falling, feeling searing pain down his back. The diagnoses have included cervical strain and lumbar strain. Treatment to date has included orthopedic evaluation, physical therapy and pain medications. MRI of the lumbar spine done on 08/09/2013 showed mild straightening of the normal lumbar lordosis. The distal thoracic spinal cord is normal in signal and caliber. The conus medullaris terminates at the mid lumbar 1 vertebral body. There are no acute vertebral body fractures or evidence of ligamentous injury. Physical exam of lumbar spine revealed no tenderness, extension 25 degrees, flexion 60 degrees, side bend right 25 degrees, side bend left 25 degrees, and straight leg raising unremarkable. Work status was documented as unable to perform either full or transitional duties. The IW was recommended for epidural steroid injection at lumbar 4 - 5: waiting for authorization. On 09/26/2013 utilization review non-certified the request for post injection physical therapy 3 times a week for 6 weeks to lumbar spine noting guidelines recommend 10 sessions of PT over an 8 week period and given that the above PT recommendation has already been met, more PT as requested is not found to be medically necessary at this time. ODG guidelines were cited. On 10/25/2013 the injured worker submitted an application for IMR for review of the request for post injection physical therapy 3 times a week for 6 weeks to lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post injection physical therapy three times a week for six weeks 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 Official Disability Guidelines (ODG) Low Back, Physical Therapy (PT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed a reported 12 sessions of physical therapy initially. Continuation of supervised physical therapy for another 18 sessions was recommended. There was insufficient reporting found in the notes available for review to describe the functional gains related to the completed sessions. Regardless, the worker had completed the recommended number of supervised sessions and there was no evidence to suggest he required additional sessions without any indication that he was unable to perform home exercises at this point in his care. Therefore, the additional 18 sessions of physical therapy will be considered medically unnecessary.