

<b>Case Number:</b>	CM13-0062806		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 60 year old male employee with date of injury of 6/10/2013. A review of the medical records indicate that the patient is undergoing treatment for myoligamentous sprain/strain of the lumbosacral spine (rule out stenosis or herniation), myoligamentous sprain/strain of the cervical spine (cervical stenosis with radiculopathy), postoperative changes at the right wrist with arthritis on bilateral wrists, early degenerative changes at L4-L5 and L5-S1 with a transitional S1-S2 and myoligamentous sprain/strain of the bilateral hands. Subjective complaints include continuous pain in low back, including cramping, numbness and tingling in bilateral lower extremities. Pain increases with prolonged standing, walking and sitting. Pain also affects sleep. Objective findings include exam of lumbar spine revealing paraspinal spasms and diffused tenderness to palpation over the lumbar paravertebral musculature. Exam also revealed a 50% reduction in range of motion with regards to forward flexion, extension, right lateral bend, and left lateral bend. Treatment has included Naprosyn, physical therapy, medications for diabetes. The utilization review dated 11/12/2013 non-certified the request for 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:

**Physical Therapy Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The physician recommends physical therapy two to three times a weeks for four weeks which exceeds MTUS guideline recommendations of a six-visit clinical trial. Furthermore, medical files do not specify objectives and subjective goals for improvement. Therefore, the request for Physical Therapy Lumbar Spine is not medically necessary.