

<b>Case Number:</b>	CM13-0065021		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/25/2007
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old male who reported injury on 09/25/2007. His mechanism of injury was not included. His diagnoses included lumbosacral spondylosis. The progress report dated 10/28/2013 documented on physical exam of the lumbar spine, the lumbar alignment is normal. No evidence of tenderness at the midline, or bilaterally at the paraspinal or trochanters. There is no paraspinal spasm. There is normal range of motion for lumbar flexion, extension, and axial rotation. Strength to the lumbar spine is 5/5. Reflexes are 2+ for the quadriceps. Straight leg raise was negative. His medications were not included; his surgical history was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX INITIAL PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE (2 X PER WEEK X 3 WEEKS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for six initial physical therapy visits for the lumbar spine is not medically necessary. The California MTUS guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. There is a lack of documented current functional deficits including a decreased range of motion, and decreased motor strength. There is a lack of documentation of previous physical therapy for the same body part and how many visits the injured worker may have participated in. There is a lack of documentation of objective functional improvement from the physical therapy. Therefore, the request for 6 initial physical therapy visits for the lumbar spine is not medically necessary.