

<b>Case Number:</b>	CM14-0185029		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 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 50-year-old individual with an original date of injury of April 26, 2012. The industrial diagnoses include chronic low back pain, lumbar neuritis, and lumbar myelopathy. The patient has a lumbar magnetic resonance imaging (MRI) from date of service June 2, 2014 which demonstrated disc narrowing, facet degenerative joint disease, and mild scoliosis. The disputed issue in this case is a request for 8 visits of physical therapy. This was modified in a utilization review determination which allowed only six visits. The rationale for this modification was that there was no documentation that the patient has been trained on a home exercise program. The California MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, twice weekly for four weeks:** 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 Section Page(s): 98-99.

**Decision rationale:** In the case of this request for physical therapy, the submitted documentation did not include a comprehensive summary of prior physical therapy directed at the industrial injury, or the outcome of prior therapy. The California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises. Future therapy may be warranted if the patient has not had a full course of therapy and/or if prior therapy had resulted in functional improvement. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. In the case of injured worker, the date of injury is remote and is over 2.5 years ago. It is noted that the patient had prior physical therapy (PT) from June 2012 to March 2013 at a frequency of 3 times per week according to a note on 7/31/2013. It is not clear how many total sessions were attended or the outcome of prior therapy. Therefore additional physical therapy as originally requested is not medically necessary.