

<b>Case Number:</b>	CM14-0188262		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 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 51 year-old female employee with date of injury of 1/18/2013. A review of the medical records indicates that the patient is undergoing treatment for cervical and lumbar sprain and strain, lumbar radiculopathy, and low back pain. Subjective complaints include neck and back pain with consistent intensity since the injury occurrence. Objective findings include lumbar exam revealing flexion 9 from floor, extension 15 from floor, SB R 25 L25. Another lumbar exam revealed palpable tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. Treatment has included physical and manipulating therapy (92 physical therapy visits), acupuncture, injections, and shockwave therapy. Medications have included Acetaminophen, Norco, Vicodin, Deprizine, Fanatrex, Synaprin, and Tabradol. The prior utilization review dated 10/21/2014 non-certified the request for Physical Therapy for the lumbar spine (Unspecified Quantity).

### 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. Unspecified Quantity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical Therapy

**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:** The 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. The ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. The 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. Medical records indicate that the patient has had 92 physical therapy sessions since the injury without significant gain in functional status or a reduction in pain. 92 visits are far in excess of the number of sessions suggested by the ODG guidelines. The treating physician has documented functional or subjective improvement to justify additional PT visits at this time. As such, the request for Physical Therapy for the lumbar spine (Unspecified Quantity) is not medically necessary.