

<b>Case Number:</b>	CM14-0192537		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 53 year old female who was injured on 9/9/2014 while lifting a chair, experiencing a sharp pain in her right hip. She was diagnosed with lumbosacral sprain/strain and lumbar spondylolisthesis with radiculopathy. She was treated with physical therapy (unknown number of attended sessions), medications, and a back brace. On 10/10/2014, the worker was seen by her primary treating physician reporting right hip pain rated at 9/10 on the pain scale and associated with radiation of pain down to her leg and occurs with prolonged sitting, standing or walking. She also reported popping and grinding of the hip joint. She denied low back pain or left hip pain. Physical examination revealed tenderness of lumbar paraspinal region on right and at midline lumbar spine but no lumbar muscle spasm noted. There was also normal lower extremity sensation and negative straight leg raise and FABERE tests. She was then recommended Anaprox and Prilosec, back exercises, to stop the back brace, and continuation of physical therapy for her low back (another 12 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy

**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, prior to seeing the requesting provider, she reported attending physical therapy with temporary benefit, although no more detail was provided (no number of sessions completed and not more detail explaining her overall function and pain level with the therapy). Physical examination findings did not correlate with the diagnoses given with more evidence suggesting hip joint disease or muscle strain not of lumbar origin, suggesting perhaps lumbar physical therapy may not be exactly appropriate all alone for her condition. Regardless, without the necessary documentation showing measurable benefit from her prior physical therapy sessions and without explanation as to why she required supervised therapy as opposed to home exercises, the additional lumbar physical therapy sessions will be considered medically unnecessary.