

<b>Case Number:</b>	CM14-0194159		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 51 year old male, who sustained an industrial injury on August 21, 2012. He reported a fall with loss of consciousness. The injured worker was diagnosed as having lumbar spine sprain/strain, cervical spine sprain/strain, and thoracic spine sprain/strain. Treatment to date has included head laceration sutures, medications, hospitalization, left scapula surgery, and magnetic resonance imaging of the cervical spine. A magnetic resonance imaging on September 16, 2014, of the lumbar spine revealed disc bulging. He presents for evaluation on September 30, 2014. He complains of neck pain with radiation into the left shoulder, and associated numbness and tingling in the hands and fingers. He also reports low back pain with radiation in the left leg and associated numbness and tingling, and left shoulder pain with radiation to the wrist and associated numbness in the elbow and wrist. X-rays on September 30, 2014, of the left scapula reveal the fracture repair. The records indicate he has had Toradol injections in the low back which provided little benefit. The treatment plan includes: physical therapy three times weekly for four weeks 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 3 times a week for four weeks for the 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 patient was injured 2-1/2 years ago and the treating physician does not discuss what treatments to include home exercise program or prior physical therapy treatments have already been tried and failed. The treating physician is requesting 12 visits of physical therapy which is outside of guidelines. As such, the request for Physical therapy 3 times a week for four weeks for the lumbar spine is not medically necessary.