

<b>Case Number:</b>	CM14-0195072		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/12/1998
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 & 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:

This is a patient with a date of injury of September 12, 1998. A utilization review determination dated November 10, 2014 recommends noncertification of physical therapy. Noncertification was recommended due to lack of documentation indicating why the patient would be unable to use a home exercise program to address any current issues. A progress report dated October 1, 2014 identifies subjective complaints of ongoing low back pain and bilateral leg pain. The patient has some "limitations with activities" due to her pain. She does a home exercise program. History of treatment to date indicates that the patient has previously undergone 6 sessions of physical therapy which provided "good relief, increased her level of function, and activities around the house." Physical examination findings reveal limited range of motion in all planes of the lumbar spine with tenderness to palpation and spasm in the paraspinal region. There is decreased sensation to light touch in the left L4, L5, and S1 dermatomes. Diagnoses include degenerative disc disease of the lumbar spine, facet arthropathy of the lumbar spine, and acute knee complaints. The treatment plan recommends continuing tramadol and ketoprofen cream. Additionally, physical therapy 2 times a week for 6 weeks is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 10 therapy visits for the treatment of lumbar intervertebral disc disorders. Within the documentation available for review, there is documentation of completion of 6 prior PT sessions, but there is no documentation any remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.