

<b>Case Number:</b>	CM14-0203574		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehab, 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 56 year old female date of injury is documented as 02/13/2013. The mechanism of the injury was not documented in the clinical records submitted for review. Diagnoses consist of low back pain and spondylolisthesis. Treatments include medication and physical therapy. The injured worker received X-rays lumbar spine 10/06/2014. According to the physician orthopedic re-evaluation report dated 10/06/2014 the physician documented that the injured worker had continued complaint of lumbar spine left sided pain with occasional spasm to touch. Physical examination findings revealed tenderness the palpation around the lumbar spine with normal sensation and strength in the lower extremities. The diagnosis is low back pain and spondylolisthesis. According to the clinical records submitted in this review the evaluating physician requested continuation of physical therapy. This is a request for decision for Physical therapy 2 x 3 for the lumbar spine. The reason for the requested services was not documented in the clinical records submitted for review. On 11/05/2014 Utilization Review non-certified the requested services for Physical therapy 2 x 3 for the lumbar spine. According to the clinical records submitted in this review the facsimile dated 10/31/2014 the injured worker had already received 23 authorized physical therapy visits the injured worker has received more than the substantial number of treatment visits for the lumbar condition; in addition key details such as the injured worker's objective functional response to previous physical therapy or significant functional deficits on recent examination to support skilled therapy at this time. Therefore, the Physical therapy 2 x 3 for the lumbar spine was recommended for non-certification. On 11/05/2014 Utilization Review non-certified the requested services for Physical therapy 2 x 3 for the lumbar spine based on the clinical records submitted in this review the request for authorization signed on 10/30/2014 continuation of therapy was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 3 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, Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**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. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and 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, in addition to the number of sessions already provided, 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.