

<b>Case Number:</b>	CM14-0205750		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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:

The injured worker's original date of injury was December 4, 2013. The injured worker was assisting someone into a car and that person lost their balance causing the worker to sustain a lumbar spine injury. The industrial diagnoses include chronic low back pain, lumbar degenerative disc disease, and lumbar radiculopathy at the left L5. The disputed issue is a request for physical therapy. A utilization review determination on November 25, 2014 had modified this request from 12 visits to eight visits. The reviewer stated that it was unclear how many previous sessions of physical therapy were attended. However, given the documentation of continued pathology of the lumbar spine, eight visits were felt to be medically reasonable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for six weeks (2x6): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** In the case of this request for physical therapy, the submitted documentation did not include a comprehensive summary of prior physical therapy directed at the industrial

injury, or evidence of improved functional outcome of prior therapy. The California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises. Future therapy may be warranted if the patient has not had a full course of therapy and/or if prior therapy had resulted in functional improvement. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. In fact, a physical therapy note on 10/8/2014 documents that the patient "reports no symptom reduction with physical therapy." The number of visits to date is 6 visits. Therefore additional physical therapy as originally requested (12 visits) is not medically necessary.