

<b>Case Number:</b>	CM14-0054213		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/11/2004
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 59 year old female with a date of injury of 05/11/2004. She has low back pain and had an unspecified number of courses of physical therapy. She was working in 2013. On 01/17/2014 she had low back pain radiating to both lower extremities. The lower extremity motor exam, sensory exam and reflexes were normal. She remained off work. She had paravertebral muscle spasm. Lumbar range of motion was decreased. The listed diagnosis was a herniated disc. On 01/24/2014 the back pain was slightly better than on the last visit. Again, the lower extremity motor exam, sensory exam and reflexes were normal. Lumbar range of motion was decreased.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x8 (16) to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014. Back, physical therapy

**Decision rationale:** It is unclear how many courses of physical therapy this patient completed during the 10 years since the injury. MTUS chronic pain allows for a maximum of 10 physical therapy visits and ODG back intervertebral disc disorder with or without myelopathy also allows for a maximum of 10 physical therapy visits over 8 weeks. The requested 16 visits of physical therapy is not consistent with MTUS and ODG. Also, by this point in time relative to the injury, the patient should have had instruction in a home exercise program and there is no objective documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to the date of injury. Therefore, this request is not medically necessary.