

<b>Case Number:</b>	CM15-0030868		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 60 year old male with an industrial injury dated November 21, 2014. The injured worker diagnoses include cervical spine sprain/strain, bilateral shoulder pain, contusion of left ribs and upper abdomen and lumbar spine sprain/strain. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/13/2015, lumbar exam revealed tenderness to palpitation over the para axial musculature of the lumbosacral spine and left sacroiliac joint, with spasticity, and limited range of motion. Straight leg raising test was positive bilaterally at 50 degrees. The treating physician prescribed services for (PT) Physical Therapy for the Lumbar x 12. Utilization Review determination on February 5, 2015 denied the request for (PT) Physical Therapy for the Lumbar x12, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(PT) Physical Therapy for the Lumbar x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Neck & Upper Back (Acute & Chronic) online version updated 11/18/14, Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM 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 request is for 12 sessions of physical therapy to the lumbar spine which exceeds guidelines. As such, the request for Physical Therapy for the Lumbar x12 is not medically necessary.