

<b>Case Number:</b>	CM13-0004096		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/24/2012
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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 54-year-old female who reported an injury on 03/24/2012 due to repetitive lifting which reportedly caused injury to the lumbosacral spine. The patient was treated conservatively with medications, physical therapy, epidural steroid injections, and cognitive behavioral therapy. The patient's most recent clinical examination findings included a slow antalgic gait with abnormal posturing due to pain. It was noted that the patient was participating in a home exercise program to include walking. The patient's diagnoses included lumbar disc displacement and lumbar disc degeneration. The patient's treatment plan included electrodiagnostic studies, a sleep study, physical therapy and lumbar facet joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Physical Therapy

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

**Decision rationale:** The requested 6 sessions of physical therapy for the low back is not medically necessary or appropriate. The Chronic Pain Medical Treatment Guidelines do recommend the use of a home exercise program to maintain improvement levels obtained during previous physical therapy. The clinical documentation submitted for review provides evidence that the patient is participating in a home exercise program. Therefore, the requested 6 visits are considered excessive.