

<b>Case Number:</b>	CM13-0039527		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 and 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 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 37-year-old male who reported a low back injury on 4/12/13 lifting a 50 pound bag of flour. The injured worker's treatment history included medications and physical therapy. The injured worker was evaluated on 8/26/13. It was documented that the patient had low back pain radiating into the bilateral lower extremities, a positive straight leg raising test, and decreased sensation in the right S1 dermatomal distribution. The injured worker's diagnoses included lumbar disc syndrome, lumbar radiculopathy, and lumbar stenosis. The injured worker's treatment recommendation included an epidural steroid injection and medications. A physical therapy report dated 8/29/13 documented that the injured worker had completed 10 visits of physical therapy on 8/1/13. It was documented that the injured worker had achieved an improvement in trunk mobility and lower quadrant strength. The injured worker had an acute exacerbation of symptoms after a fall. Additional physical 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 2XWK X 6WKS LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

**Decision rationale:** The clinical documentation submitted for review indicates that the injured worker has completed 10 visits of physical therapy with functional improvement. However, due to a recent fall there has been an exacerbation of symptoms. The California MTUS recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. As there is no documentation that the injured worker is participating in a home exercise program and has had an acute exacerbation of symptoms, a short course of treatment would be appropriate to address current deficits, and afterward, the patient could transition into a home exercise program. However, the requested 12 physical therapy visits would be considered excessive. There are no exceptional factors noted within the documentation to support extending treatment outside of guideline recommendations. As such, the request is not medically necessary.