

<b>Case Number:</b>	CM14-0122452		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/23/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Occupational 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 is a 47-year-old male who has submitted a claim for unspecified diagnosis associated with an industrial injury date of 03/23/2014. Medical records from 03/07/2007 to 07/10/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified). Physical examination revealed tenderness at L5 and decreased sensation along left distal calf. X-ray of the lumbar spine dated 03/25/2014, revealed degenerative joint disorder. MRI of the lumbar spine dated 05/16/2014, revealed L5-S1 disc bulge. Treatment to date has included 11 sessions of physical therapy (06/17/2014). Utilization review dated 07/10/2014 modified the request for 12 physical therapy visits - lumbar spine 2 x 6 to 6 physical therapy visits - lumbar spine 2 x 3. The rationale was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical Therapy Visits - Lumbar Spine 2 x 6 week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy- Lumbar.

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient already completed 11 sessions of physical therapy. However, there was no documentation of functional outcome with previous physical therapy visits. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for 12 physical therapy visits - lumbar spine 2 x 6 weeks is not medically necessary.