

<b>Case Number:</b>	CM14-0125630		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 24-year-old male who has cumulative dates of injury from February 5 of 2013 through January 4, 2014. He developed low back pain radiating to the right lower extremity and right wrist pain. An MRI scan of the low back from July 2014 showed mild disc desiccation at multiple levels and some inflammation of the facet joints. Electrodiagnostic studies of lower extremities were normal. He has had at least two rounds of physical therapy, six visits each, with no improvement. He had six visits for chiropractic care in January 2014 again with no improvement. His physical exam reveals diminished lumbar range of motion with tenderness to palpation from L5-S1 but a normal lower extremity neurologic exam. The treating physician is recommending a discontinuation of physical therapy and recommends facet joint injections. The current diagnoses include chronic lumbar strain/sprain, lumbar facet arthropathy, degenerative disc disease, obesity, hypertension, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 12 visits, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Allow

for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT.

**Decision rationale:** The above guidelines allow fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Generally speaking, there should be a formal reassessment of progress after six physical therapy sessions. More physical therapy may be appropriate depending on treatment response. In this instance, the documentation suggests that physical therapy and chiropractic care were not at all effective. The treating physician recommends a discontinuation of physical therapy. Therefore, physiotherapy 12 visits, lumbar spine, is not medically necessary.