

<b>Case Number:</b>	CM14-0139213		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and 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 42 year old female who reported an injury on 12/12/2013. The mechanism of injury was not provided. Her diagnoses were noted as chronic lumbar mechanical myofascial pain, left lumbar radicular syndrome, and lumbar spine dysfunction. The past treatment was medication, home exercise program, and physical therapy and completed at least 10 of 12 visits. The diagnostic studies and surgical history were not provided. On 07/24/2014, the injured worker complained of a flare-up of pain and rated it a dull 4/10. She reported the pain to interfere with sitting, bending, lifting, household chores, and doing the vacuuming causing irritation to her low back. Massage, ice, and gentle stretch helped with the pain. Upon physical examination, the injured worker was noted to have restriction with her lumbar spine range of motion. She had 75% of flexion, 50% of extension, and 75% of lateral bending and rotation. Her medications were not listed. The treatment plan was to treat with therapy and medication. The rationale for the request was to restore flexibility of the spin and get ready for permanent and stationary status. The request for authorization form was signed and submitted on 08/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Lumbar Spine - 12 visits; 2x week for 6 weeks:** Upheld

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

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

**Decision rationale:** The request for physical therapy for the lumbar spine 12, two times a week for six weeks is not medically necessary. The California MTUS Guidelines may recommend physical therapy based on the philosophy that therapeutic exercise and/or activity are beneficial 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Treatment is recommended for up to ten visits over 8 weeks. The injured worker was noted to have a normal gait with some decreased range of motion to the lumbar spine. There were no sensory abnormalities or decrease in motor strength. He was noted to have completed at least 10 of 12 visits of physical therapy and reported some improvement. In the absence of documentation with evidence of significant objective functional improvements the request is not supported. Additionally, the guidelines recommend for up to ten visits which makes the request excessive. Therefore, the request is not medically necessary.