

<b>Case Number:</b>	CM14-0149359		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/16/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of November 16, 2010. A utilization review determination dated August 12, 2014 recommends noncertification of physical therapy. A progress report dated June 16, 2014 identifies subjective complaints of pain in the low back going into the left buttock and left thigh. The patient underwent an epidural injection and facet injections which helped but never fully resolve his pain. Physical examination findings revealed tenderness to palpation over the lumbar spine with restricted range of motion. Diagnoses include lumbar spine strain. The treatment plan recommends Motrin, modified duties, and request 6 visits of rehab to reduce pain, improve motion, reduce swelling, and improve function. A progress report dated July 29, 2014 identifies subjective complaints indicating that the patient has gone to 7 sessions of physical therapy thus far with minimal improvement of backache. The patient has been taking ibuprofen and doing back exercises. Objective examination findings reveal restricted lumbar spine range of motion due to pain with tenderness to palpation around the low back. The treatment plan recommends 8 more sessions of physical therapy and request an MRI of the lumbar spine. A progress report dated September 9, 2014 indicates that the patient has only had minimal improvement of his low back pain and bilateral gluteal pain. The note states that the patient has not significantly improved and has gone to both chiropractic and physical therapy. The treatment plan recommends pain management referral for consideration of a facet joint block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Physical Therapy sessions for Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested eight (8) Physical Therapy sessions for Lumbar Spine is not medically necessary and appropriate.