

<b>Case Number:</b>	CM14-0160756		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	11/28/2005
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Preventive 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:

According to the records made available for review, this is a 57-year-old female with an 11/28/05 date of injury. At the time (8/12/14) of request for authorization for Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions, there is documentation of subjective (low back pain) and objective (tenderness to palpitation over the lumbar spine with muscle spasm) findings, current diagnoses (displacement intervertebral disc without myelopathy, site unspecified), and treatment to date (medications).

### 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, 2 times a week for 4 weeks, QTY: 8 sessions:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy (PT)

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with

chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of patients with a diagnosis of lumbar radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of displacement intervertebral disc without myelopathy, site unspecified. However, despite documentation of subjective (low back pain) and objective (tenderness to palpitation over the lumbar spine with muscle spasm) findings, there is no (clear) documentation of functional deficits and functional goals. In addition, the requested Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions is not medically necessary.