

<b>Case Number:</b>	CM14-0183439		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	01/14/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 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 1/14/12. A utilization review determination dated 10/13/14 recommended non-certification for the requested physical therapy 12 visits for the low back. Request was denied stating that the claimant has already completed 16 physical therapy visits to date and there are no extenuating circumstances noted that would prohibit this patient from participating in a home exercise program. A progress report dated 9/30/14 indicates the patient states that she feels her symptoms did improve after her epidural injection but are slowly returning back to baseline. She would like to try another epidural injection at the L4-5 level. She continues to take Norco and Ibuprofen for pain. Objective findings indicate that the patient has mild discomfort with lumbar range of motion and continues to have a mild antalgic gait. She also has subjective numbness over her right leg. Diagnoses include Degenerative Spondylolisthesis, Spinal Stenosis and L5 Radiculopathy. Treatment plan discussed repeat epidural injection and 12 visits of physical therapy. A progress report dated 5/22/14 states, "She reported lessening of discomfort with medication, change of body position, and therapy." The note goes on to state, "the patient was not received therapy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT X 12 visits for low back:** Upheld

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

**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 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. ODG recommends 10 visits of PT for Spinal stenosis and 10-12 for radiculitis. Within the documentation available for review, it is unclear whether the patient has previously undergone physical therapy due to conflicting information within the provided medical reports. If the patient has undergone therapy previously, there is no documentation of objective functional improvement with the therapy previously provided. Additionally, any previous therapy along with the currently requested number of visits exceeds the maximum number recommended by guidelines for this patient's diagnoses. If the patient has not undergone therapy previously, there is no documentation of objective functional deficits which would be unable to be addressed with an independent program of home exercise. As such, the currently requested physical therapy is not medically necessary.