

<b>Case Number:</b>	CM15-0077207		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 38 year old female, who sustained an industrial injury on 05/31/2011. She reported an injury to the back secondary to pushing a wheelchair. The injured worker was diagnosed as having recurrent low back strain with no evidence of radiculopathy, deconditioned low back with recurrent low back pain, and rule out magnification. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, electromyogram with nerve conduction study, medication regimen, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated 09/22/2014 the treating physician reports complaints of pain to the lumbar spine. Examination reveals limited range of motion and tenderness to palpation at the lumbar four to five spinous process. The pain is rated a 0 out of 10, but with activities of daily living the pain level is noted to increase to be a 7 to 8 out of 10. Qualified Medical Re-evaluation from 01/22/2015 noted intermittent mechanical pain to the low back that radiates to the bilateral buttock area. Examination on this date was revealing for limited lumbar range of motion, mild tenderness at lumbar four to five, and difficulty obtaining deep tendon reflexes of the lower extremities. The evaluating physician noted that the injured worker has not received prior physical therapy. The treating physician requested five sessions of physical therapy with home exercise program to the left hip and a lumbar spine home exercise program, but the documentation did not indicate the specific reason for the requested treatment and equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy home exercise program x 5 session, left hip:** Upheld

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

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

**Decision rationale:** This 38 year old female has complained of low back pain since date of injury 5/31/11. She has been treated with medications. The current request is for Physical therapy home exercise program x 5 session, left hip. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis. The available medical records however do not document whether prior physical therapy sessions have been performed, nor do they document the functional goals of the requested physical therapy. On the basis of the available medical records and per the MTUS guidelines cited above, physical therapy home exercise program x 5 session, left hip is not indicated as medically necessary.

**Lumbar spine home exercise kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Durable Medical Equipment.

**Decision rationale:** This 38 year old female has complained of low back pain since date of injury 5/31/11. She has been treated with medications. The current request is for lumbar spine home exercise kit. The available medical records do not document whether the patient has been taught home exercises by a therapist nor is there a description of the contents of the home exercise kit. On the basis of the available medical records and per the ODG guidelines cited above, lumbar spine home exercise kit is not indicated as medically necessary.