

<b>Case Number:</b>	CM13-0053967		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female who sustained an industrial injury on 11-16-12. Her initial complaint was low back pain, which was a result of shoveling heavy material while at work. The 5-21-13 Initial Physiatry Consultation report indicates that she denied lower extremity symptoms. It also indicated that she was treated with physical therapy and acupuncture with "little relief". She was also engaged in a home exercise program. An MRI was requested. Her diagnoses included a "lifting injury with resultant right low back pain with extension bias, but no significant overall improvement, despite physical therapy and acupuncture trials". The report also states that "she has limitation with lumbar range of motion with pelvic girdle weakness and spine extension bias. Consideration would include lumbar strain, rule out disc herniation and zygapophyseal joint dysfunction". The treatment recommendations included proceeding with a lumbar spine MRI to rule out disc herniation, continue a home exercise program, a trial of Lidoderm and Flector patches, and work restrictions of limited standing, walking, stooping and bending. On 6-18-13, she continued to complain of lower back pain. The MRI was noted to be completed. The provider's impression states "Lifting injury with age appropriate lumbar spine MRI without acute pathology". The treatment plan was unchanged. The requesting physician has stated that he would like physical therapy at a different facility. On 9-10-13, she presented to the provider office for routine follow-up. She stated that she "is somewhat improved", but reported that she "is still having pinching pain that is slightly better". She reported completing stretching exercises every two hours. She rated her pain "6 out of 10". Her medications were noted to be Flexeril and Tylenol ES. Her treatment plan indicated that she was to continue her home exercise program. A request was made for a physical therapy referral for comprehensive stretching, spine stabilization exercises, and core strengthening. A trigger point injection to the right PSIS area-proximal gluteus was also recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) ADDITIONAL PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE, 2 TIMES A WEEK FOR 4 WEEKS:** Upheld

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

**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. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. Finally, although the requesting physician has stated that he would like therapy done at a different location, there is no statement indicating why he feels that the previous location was inadequate, or how he would expect therapy at a different location to be better than what was previously provided. In light of the above issues, the currently requested additional physical therapy is not medically necessary.