

<b>Case Number:</b>	CM13-0011925		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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. The expert reviewer is Board Certified in Internal 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 case involves an injured worker who sustained an injury on 03/01/2011 when he slipped, twisting the back causing a low back injury. The progress report dated 6/26/13, noted the patient was being treated conservatively with limitation of activity, anti-inflammatory medication, and physical therapy. The physical therapy progress report dated 7/29/13 noted the injured worker was being treated with therapeutic exercise, soft tissue mobilization, TENS, home exercise, heat and cold application. The report noted the injured worker was independent with a home exercise program. The progress report dated 7/31/13, documented subjective complaints of low back pain. Treatments have included Medrol and physical therapy. Objective findings were documented as normal body habitus; normal gait and station; mild right and left lower lumbar tenderness to palpation; no paraspinal spasm was noted; range of motion was moderately restricted; no sciatic notch tenderness was noted; motor examination was intact; sensory was intact; strength was good; deep tendon reflexes were normal; and coordination and balance were normal. Diagnoses were low back pain and lumbar sprain. The lumbar spine MRI report dated 5/8/13 documented normal results. A course of physical therapy was started on 7/5/13. The physical therapy progress report dated 7/5/13 noted that the patient had prior physical therapy sessions. The physical therapy progress report dated 7/29/13 documented a fifth visit. Utilization review determination date was 8/6/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x 6 to lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT), Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide Physical Therapy (PT), Physical Medicine Guidelines states for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommends 10 visits for lumbar sprains and strains. The physical therapy progress report dated 7/5/13 noted that the patient had prior physical therapy sessions. A course of physical therapy was initiated on 7/5/13. The physical therapy progress report dated 7/29/13 documented a fifth visit. No objective evidence of significant functional improvement was documented. Lumbar spine MRI report dated 5/8/13 documented normal results. MTUS and ODG guidelines allow for up to 10 physical therapy visits. Per Official Disability Guidelines (ODG), when the number of visits exceeds the guidelines, exceptional factors should be noted. Without exceptional factors or objective evidence of significant functional improvement, the request for additional physical therapy visits is not supported. Therefore, this request is not medically necessary.