

<b>Case Number:</b>	CM13-0018773		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/26/2004
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in. 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:

The underlying date of injury in this case is 07/26/2004. This patient has chronic low back pain with a history of anterior-posterior lumbar surgery in June 2000 from L3-L4 through L5-S1. A treating physician progress note of 08/18/2013 is partially legible outlining low back pain radiating to the lower extremity with increased pain and weight gain. The treatment plan includes 12 sessions of physical therapy for flexibility training and core muscle strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the low back (12 sessions):** 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 Section on physical medicine, Page(s): 98.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends transition to independent active home rehabilitation. This is a chronic case in which the patient would be anticipated to have previously transitioned to independent home rehabilitation. The records do not provide an

alternative rationale for additional supervised therapy in this chronic time frame. This request is not medically necessary.