

<b>Case Number:</b>	CM13-0019937		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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 claimant is a 38-year-old man who sustained a work related injury on May 21 2013. He developed a back pain when he was using a truck ramp and when the truck pulled away. He was treated with 6 physical therapy visits without improvement of his back pain. According to the note of [REDACTED], signed on August 19 2013, his physical examination showed lumbar tenderness. He was diagnosed with lumbar strain. His provider requested physical therapy to manage his condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy sessions for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** According to MTUS guidelines, physical therapy is recommended during the first month of symptoms without radiculopathy. A prolonged course of physical therapy (more than 4 weeks) is not recommended. The patient injury occurred on May 2013 and he already has 6 sessions of physical therapy without improvement.

