

<b>Case Number:</b>	CM13-0040922		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Board Certified in Orthopedic Surgery and is licensed to practice in New Hampshire, New York and Washington. 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 patient has chronic low back pain. Examination of the lumbar spine is within normal limits. There is no documented radiculopathy. The MRI of the lumbar spine reveals normal disc height and mild bilateral facet enlargement at L4-5 and L5-S1. The patient has completed a course of physical therapy. The patient still reports morning stiffness in the back and stiffness in the back with prolonged sitting. Medical records document that the patient is currently performing his usual job duties. At issue is whether additional physical therapy is medically necessary. The medical records indicate that the patient has early completed 24 sessions of physical therapy

### IMR ISSUES, DECISIONS AND RATIONALES

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

**continued physical therapy (lumbar) (2x/6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Physical therapy is not medically necessary at this time. The patient had early 24 sessions of physical therapy. The patient's exam is documented as being normal. The patient does not have MRI findings of significant lumbar pathology other than mild age-related

degenerative changes. MTUS guidelines do not support by continued use of physical therapy beyond initial visit sessions for the treatment of chronic degenerative back pain without significant pathology.