

<b>Case Number:</b>	CM13-0047823		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 49-year-old male who reported an injury on 01/26/2012, due to a slip and fall that resulted in injury to the low back. The patient has received conservative treatment to include physical therapy and medications. The patient recently had an exacerbation of acute low back pain that was treated with a course of physical therapy. The patient's physical findings included restricted range of motion secondary to pain, with a positive left-sided straight leg raising test at 80 degrees, and a positive sacroiliac joint compression test bilaterally, and a left slump test that was also positive. The patient's diagnoses included lumbar strain in exacerbation, lumbar disc disease at the L5-S1 with disc protrusion, and left lumbar radiculopathy. The patient's treatment plan included continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times a week for four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines ([http://www.odg-twc.com/odgtwc/low\\_back](http://www.odg-twc.com/odgtwc/low_back))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The clinical documentation submitted for review provides evidence that the patient recently underwent a course of physical therapy. The Chronic Pain Guidelines recommend that patients be transitioned to a home exercise program to maintain improvements established during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although a very short course of treatment may be indicated to re-assess and re-educate the patient's home exercise program, an additional twelve (12) visits of physical therapy would be considered excessive. As such, the requested physical therapy three (3) times a week for four (4) weeks is not medically necessary or appropriate.