

<b>Case Number:</b>	CM13-0054976		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Physical Medicine & Rehabilitation 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 36-year-old male who reported an injury on 07/20/2012. The mechanism of injury was reported that the patient was moving boxes and experience pain in the low back. The patient presented with complaints of lumbar strain. The patient reported the pain is better. The patient reported his pain at 3/10. Physical examination revealed unchanged range of motion. The patient was treated with medication, icing, and physical therapy. The 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:

**Additional PT x 12 for 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 medicine Page(s): 98-99.

**Decision rationale:** CA MTUS states patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient continued to complain of low back pain. However, the clinical documentation submitted for review does not show that the patient is participating in a home

exercise program. Also, the clinical documentation did not show evidence of continued functional deficits from previous physical therapy. Given the lack of documentation to support guideline criteria, the request is non-certified.