

<b>Case Number:</b>	CM13-0059443		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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 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 injured worker is a 28-year-old male who reported an injury on 03/01/2012, due to a lifting injury that reportedly caused injury to the injured worker's low back. The injured worker's treatment history included physical therapy, chiropractic care, multiple medications, and a TENS unit. The injured worker was evaluated on 09/19/2013. No subjective or objective physical findings were provided for review on that day. The injured worker's diagnoses included lumbar pain and bilateral sacroiliac joint pain. A recommendation was made for 6 physical therapy sessions for core strengthening. The injured worker was evaluated again on 10/25/2013. It was documented that the injured worker had continued pain complaints rated at a moderate to severe level, and described as 6/10. The injured worker had tenderness to palpation and tautness of the bilateral lumbar paraspinal musculature, and a positive straight leg raising test bilaterally. A request was made for a pain management referral, a weight watcher's evaluation, 4 chiropractic care visits, and physical therapy for core exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The requested physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary or appropriate. Clinical documentation submitted for review does indicate that the injured worker previously participated in physical therapy for the lumbar spine. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review provides limited examination findings that support the need for core strengthening. Additionally, it is documented that the injured worker has been instructed in a home exercise program. The injured worker continues to have pain complaints. The requested 8 visits are considered excessive. As such, the requested physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary or appropriate.