

<b>Case Number:</b>	CM13-0066275		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 and is licensed to practice in New York. 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 52 year old male with a date of injury on 01/28/2011. He had a lumbar strain/sprain. Eight physical therapy visits were requested on 11/27/2013. He had a motor vehicle accident with a back injury on 04/06/2009. He was a driver of a car in a parking garage. He had 28 visits of treatment. He also had chiropractic care and acupuncture. On 02/01/2012 he had an ER visit for low back pain and was discharged on Motrin and Valium. He did not recall trauma. On 02/21/2012 he had a lumbar MRI that revealed a L5-S1 herniated disc. On 04/11/2012 and 04/19/2012 he had epidural steroid injections for lumbar pain. On 05/04/2012 he had low back pain radiating to his left leg after lifting heavy objects in 01/2012. He had a partial left L5 laminectomy prior to 07/13/2012. On 07/31/2013 he had lumbar muscle spasm and decreased range of motion due to pain. On 08/30/2013 an orthopedist recommended a home exercise program for strengthening and for range of motion. On 11/08/2013 and on 12/03/2013 he had the same findings - muscle spasm and decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Physical therapy 8 sessions:** Upheld

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

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

**Decision rationale:** It is not clear when he had the laminectomy. It appears to be prior to the 01/28/2011 date of injury. The patient had at least 26 visits of therapy after 01/28/2011 and was already been given a home exercise program. There is no objective documentation that he has improved the ability to perform the activities of daily living. MTUS for chronic pain allows a maximum of 10 visits but there must be objective documentation that therapy has improved his ability to perform activities of daily living. This was not documented. Also, it is unclear exactly how many courses of physical therapy this patient had for lumbar pain. There is no documentation that he has any deficits that would preclude a home exercise program and there is no documented superiority of continued formal physical therapy over a home exercise program at this point in time relative to the injury.