

<b>Case Number:</b>	CM13-0071077		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/08/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 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 patient is a 50-year-old adult male who reported an injury on 01/08/2012. The patient was reportedly injured while pushing a 400-pound engine. The patient is currently diagnosed with lumbosacral sprain/strain with underlying spondylosis and lumbar spine levoscoliosis. The patient was seen by [REDACTED] on 11/01/2013. The patient reported an increase in his condition and symptoms, including lower back pain and limited range of motion. Physical examination of the lumbar spine revealed tenderness to palpation, bilateral hamstring tightness, and pitting edema in bilateral lower extremities. Treatment recommendations included an extension of the remaining 8 sessions 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 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed a previous course of physical therapy. However, documentation of the previous course of treatment was not provided. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. Additionally, there was no frequency or total duration of treatment specified in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.