

<b>Case Number:</b>	CM14-0103729		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 48-year-old male who reported an injury on 10/10/2013. The mechanism of injury was not provided. The injured worker's diagnoses included low back pain, lumbar strain, and chronic pain syndrome. The injured worker's past treatments included medications and physical therapy. The injured worker's diagnostic testing was not provided. The injured worker's surgical history was not provided. On the clinical note dated 06/26/2014, which was handwritten and illegible, the injured worker stated physical therapy was helping; he continues, but does not think he can work. The injured worker had positive lumbar spine tenderness at level L4-5. The injured worker's medications were not provided. The request was for 12 physical therapy for the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy for the Lumbar Spine, 2 times a week for 6 weeks (12), as an Outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

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

**Decision rationale:** The injured worker is diagnosed with low back pain, lumbar strain, and chronic pain syndrome. The California MTUS Guidelines recommend 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. The guidelines recommend 9 to 10 visits over 8 weeks. The requesting physician did not provide a recent clinical note with an assessment of the injured worker's condition. There is a lack of documentation that indicates significant objective functional deficits to warrant additional visits of physical therapy. There is a lack of documentation indicating the previous physical therapy number of sessions and efficacy of the prior therapy. Additionally, there is a lack of documentation indicating improved pain rating from physical therapy. As such, the request for 12 Physical Therapy for the Lumbar Spine, 2 times a week for 6 weeks (12), as an Outpatient is not medically necessary.