

<b>Case Number:</b>	CM14-0108509		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 50-year-old male who was reportedly injured on 3/3/2014. The mechanism of injury was noted as a lifting injury. The most recent progress note dated 6/13/2014, indicated that there were ongoing complaints of low back pain. The physical examination was handwritten and only partially legible. Lumbar spine had limited range of motion, positive tenderness to palpation of the paravertebral muscles, and positive straight leg raise. No diagnostic studies were submitted for review. Previous treatment included chiropractic care, physical therapy #6 sessions, medications, and conservative treatment. A request was made for physical therapy of the lumbar spine 2 times a week for 3 weeks (#6) and found to be not medically necessary in the pre-authorization process on 6/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY ADDITIONAL TWO TIMES A WEEK FOR THREE WEEKS, IN TREATMENT FOR THE LUMBAR SPINE QUANTITY : 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 98-99.

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines support the use of physical therapy for the management of chronic pain, specifically myalgia and radiculitis and recommends a maximum of 10 visits. The injured worker has multiple chronic complaints and review of the available medical records failed to demonstrate an improvement in pain or function. The injured worker underwent 6 sessions of Functional Restoration Therapy and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.