

<b>Case Number:</b>	CM14-0010277		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/08/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Orthopedic Surgery 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 50-year-old male who sustained an injury to his low back on 01/08/12 when he slipped and fell on metal door stop. He fell backwards onto his neck and upper back . A clinical note dated 12/04/13 reported that the injured worker continued to complain of low back pain radiating into the bilateral lower extremities with associated numbness and tingling. Physical examination noted pain with flexion and extension; tenderness to palpation about the midline lower lumbar spine in addition to bilateral paraspinal musculature; tightness of the bilateral hamstrings; normal sensation to light touch. He was diagnosed with lumbosacral sprain/strain with underlying spondylosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY LUMBAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT)

**Decision rationale:** The request for physical therapy lumbar is not medically necessary. The amount of visits was not specified in the request. There was no mention that a surgical intervention has been performed. The Official Disability Guidelines (ODG) recommends up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency from up to three or more visits per week to one or less, plus active self-directed home physical therapy. Records indicate that the injured worker has completed at least 18 physical therapy visits to date. There were no physical therapy notes provided for review that would indicate the patient's response to previous conservative treatment. There is no indication that the injured worker is participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines (ODG) recommendation, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy lumbar has not been established.