

<b>Case Number:</b>	CM14-0015944		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Preventive Medicine, has a subspecialty in Occupational 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 28-year-old female who was injured at work on 08/17/2010. Since then, she has suffered from recurrent episodes of lower back pain. The pain occasionally spreads to her left leg. It is associated with mild stiffness. Her examination is unremarkable except for morbid obesity and a slight reduction in range of motion. Her doctor made a diagnosis of improving back strain but noted she has an X-ray finding of degenerative lumbar disease with retrolisthesis. Her doctor's request for additional physical therapy was denied on 1/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy X 6 for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2, Summary of Recommendations, Low Back Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 12/27/2013).

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

**Decision rationale:** Although physical therapy is a highly recommended method of treatment, the MTUS recommends active participation by the injured worker. The individual is

recommended to continue home exercise therapy after the initial few weeks of supervised therapy following the injury. Considering her examination is largely unremarkable, supervised physical therapy will be of no greater benefit than home exercise therapy at this stage of her injury. Therefore, this request for additional physical therapy X 6 for the lumbar spine is not medically necessary.