

<b>Case Number:</b>	CM14-0016802		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 37-year-old male patient with a 10/3/13 date of injury. He was a tow truck driver and was lying between cars while unhooking the chain of a vehicle, when the vehicle moved and hit his back twice forcefully. A 10/7/13 progress report indicated that the patient complained of low back pain, 5/10. There were radicular symptoms in the L4 nerve root distribution. Objective findings revealed limited range of motion due to slight to moderate discomfort, left lateral shift on L1-L4, and was ambulated with cane. He was prescribed 6 physical therapy sessions. A 10/11/13 physical therapy progress report indicated that the patient felt increased pain with bending, standing and walking. On 10/21/13 the patient noted that he was in physical therapy but it was not helpful. Lumbar flexion was 80 degrees, extension was 15 degrees. Left and rotation was 35 degrees. A 1/17/14 physical therapy progress report indicated that the patient continued to have pain and stiffness in the lower back. Prolonged walking, sitting, as well as bending and squatting aggravated his condition. Objective findings demonstrated mild spasm and tenderness in the in the lumbar and lumbosacral region. Lumbar flexion was 70 degrees, extension was 20 degrees and right and left rotation was 20 degrees. He was diagnosed with lumbar spine strain, low back pain and back contusion. Treatment to date: medication management and physical therapy. There is documentation of a previous 1/27/14 adverse determination, because there was no documented improvement following of physical therapy was noted

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1 TIME PER WEEK FOR 6 WEEKS - LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, there was no evidence of objective improvement after physical therapy sessions. In addition, there was documentation that support slightly decrease range of motion in the lumbar region. There was no change in physical and objective findings. The total number of sessions the patient has had to date is not clear. He continued to have pain, spasm and tenderness in the lumbar and lumbosacral region. Therefore, the request for physical therapy 1 time per week for 6 weeks - lumbar spine was not medically necessary.