

Case Number:	CM14-0125286		
Date Assigned:	08/11/2014	Date of Injury:	06/25/2014
Decision Date:	09/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine & Rehabilitation 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 of an unknown age injured on 06/25/14 reported an injury to his low back. The clinical note dated 06/27/14 indicates the injured worker complaining of lumbar sprain/strain, indicates the injured worker utilizing Tramadol for pain relief. The note dated 06/30/14 indicates the injured worker continuing with complaints of low back pain and it does appear that the injured worker had been released to work with modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Initial Physical Therapy Evaluate and Treatment for the Lumbar Spine, 3 times a week for 3 weeks, 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](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Low Back Disorders.

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 Medicine.

Decision rationale: The request for 9 initial physical therapy sessions for the lumbar spine 3 times a week x 3 weeks is not recommended as medically necessary. The documentation

indicates the injured worker complaining of lumbar region pain. Physical therapy is indicated for injured workers who have demonstrated significant functional deficits associated with low back complaints. However, no information was submitted regarding the injured worker's neurologic deficits, range of motion or strength deficits in the lumbar region. Therefore, this request is not indicated as medically necessary.