

<b>Case Number:</b>	CM14-0129037		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 23 year-old female who reported an injury on 05/19/2014 due to lifting one of her student's from the ground. The diagnoses included low back pain and left spine lumbosacral sprain. Her past treatments included pain medication non-steroidal anti-inflammatory drugs (NSAIDs), heat therapy, ice therapy, rest, modified work with restrictions, 12 sessions of physical therapy, and a home exercise program. The physical therapy note dated 07/17/2014, indicated that the injured worker complained of low back pain ranging in severity from 2/10 at best and 8/10 at worst. In addition, the injured worker stated that the low back pain became worse with prolonged sitting, and when performing bending activities. The physical examination findings included neuromuscular responses were +2/5 on the left and +2/5 on the right, range of motion reflected that extension had improved from 25% to 50%, flexion had not changed from 75%, and left and right rotation were unchanged at 80%. The current medications were not provided in the medical record for the review. The treatment plan was for physical therapy 3 times a week for 4 weeks for the treatment of the lumbar sprain. The rationale and the request for authorization were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, evaluation and treat lumbar strain, 3 x 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy for 3 visits a week for 4 weeks is not medically necessary. The injured worker has a history of low back pain. The injured worker has completed conservative care and 12 sessions of physical therapy. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that up to 10 visits of physical therapy may be supported to promote functional gains for patients with unspecified myalgia and myositis. The injured worker has completed 12 sessions of physical therapy and was noted to have made some functional gains with the treatment and to have remaining functional deficits. However, no documentation was submitted showing exceptional factors to warrant additional supervised visits over a home exercise program at this time. As the request for 12 more physical therapy visits exceeds the guidelines, documentation would need to clearly address why the injured worker would need additional supervised visits over a home exercise program to address her remaining functional deficits. In the absence of this information, the request is not medically necessary.