

<b>Case Number:</b>	CM14-0129410		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/23/2014
<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 Physical Medicine and Rehabilitation has a subspecialty in Pain Mgmt and is licensed to practice in 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 51 year old female with a reported date of injury on June 03, 2011. The mechanism of injury is listed as lifitng a projector in preparation for a classroom activity causing injury to her back. A treatment note dated July 14, 2014 indicates complaints of back pain aggravated by lifting. The diagnosis is listed as lumbago (724.2). Right side pasraspinal spasm is noted. The injured worker has treated with chiropractic therapy which provided no relief, medications, and an MRI of the lumabr spine. The injured worker did not have surgery and continued to work. The medical record reveals the injured worker did take time away from work during the months of August through September of 2011. The treatment note dated July of 2014 recommended a continuum of therapy with antiinflammatory modalities and therapeutic exercise as tolerated for the affected area for four weeks. The efficacy and number of therapy sessions actually completed are unknown. A prior utilization review determination resulted in denial of physical therapy with E-stim, exercise, and massage three times per week for four weeks for the low back on July 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to include E-stim, exercise and massage three (3) times per week for four (4) weeks, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, 113-114.

**Decision rationale:** This worker presented on July 14, 2014 with complaints of back pain aggravated by lifting. The original injury was 06/03/11 after lifting. Right sided paraspinal spasm was noted on exam. The claimant had already received a program of therapy. A prior utilization review determination resulted in denial of physical therapy with E-stim, exercise, and massage three times per week for four weeks for the low back on July 23, 2014. The goals of the requested therapy are unclear. The guidelines articulate a goal oriented therapy program for a patient who requires a skilled therapist to achieve them. It is unclear why the claimant can not participate in a self-directed home exercise program therefore Physical therapy to include E-stim, exercise and massage three (3) times per week for four (4) weeks, low back is not medically necessary.