

<b>Case Number:</b>	CM14-0162098		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family Medicine, and is licensed to practice in California. 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 injured worker's date of injury is 12/12/2013. This patient receives treatment for chronic low back pain. Documentation regarding the original injury was not provided. Documentation of current treatment consisted mostly of the PT clinical notes. On exam the lower back was tender to palpation. Both the SLR testing and reflexes exam were normal. The patient has received 12 chiropractic sessions and 20 PT sessions for low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 sessions lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Physical therapy (PT) is considered passive therapy. The guidelines recommend up to 8-10 sessions over 4 weeks of PT, then active therapy, a program of home exercises, should continue in its place. The patient has already had 12 chiropractic and 20 PT sessions. The request for additional PT sessions is not medically necessary.