

<b>Case Number:</b>	CM14-0165845		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Pain Management and is licensed to practice in 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 43 year old male with a date of injury on 10/12/12. He injured his lower back when he jumped 7 feet from a ladder. He was diagnosed with multiple lumbar disk bulges and a lumbar strain injury. He completed at least 12 documented physical therapy sessions since the accident. His treating physician is requesting an additional 12 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT)

**Decision rationale:** The Official Disability Guidelines allow up to 10 sessions of physical therapy for the treatment of lumbar strain and intervertebral disk disorders. This injured worker has already exceeded this number of treatments as he received 12 previous physical therapy sessions. In addition, the guidelines state that active modalities for the treatment of chronic lower back pain when compared to passive modalities (such as those that are used in physical therapy

treatments) have better clinical outcomes; such active modalities can be provided through a self-directed home exercise program at this time. Therefore, the requested 12 additional sessions of physical therapy is not medically necessary.