

<b>Case Number:</b>	CM14-0021172		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Orthopedic Surgery 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 is a 37 year old female who was injured on 07/26/12 when she was carrying cleaning equipment while walking down a staircase, tripped and landed on her buttocks causing low back pain and lower extremities injury. She was treated conservatively with ice, rest, x-ray, activity modification, and medication. Per Agreed Medical Evaluation (AME) dated 12/04/13, the injured worker stated she attended physical therapy for about two weeks and that physical therapy gave her temporary relief. The records reflect that x-rays were normal, and MRI of the lumbar spine on 06/12/13 was unremarkable. Physical examination by the Agreed Medical Evaluation (AME) doctor noted sensation was intact to pinprick and light touch; reflexes were equal and symmetric, but right Achilles reflex was decreased compared to the right; motor strength was 5/5 throughout the lower extremities; gait was normal; straight leg raise was negative in the sitting and supine positions; tests for SI joint pathology were positive. A request for additional physical therapy to the low back was denied on 02/10/14, noting there was no significant deficit in lumbar function to justify twenty more physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO LUMBAR SPINE 2X PER WEEK FOR 10 WEEKS:** 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, Physical therapy (PT).

**Decision rationale:** The Official Disability Guidelines (ODG) recommends up to 9 visits over 8 weeks for lumbago. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The injured worker is noted to have completed 8 physical therapy visits and reported that it gave her temporary relief. There was no other assessment of the efficacy of physical therapy with objective functional improvement documented. The records submitted for review do not demonstrate the presence of exceptional factors that would warrant additional formal therapy that exceeds guidelines either in duration of treatment or number of visits. The Agreed Medical Evaluation (AME) examination revealed 5/5 motor strength throughout. As such, the request for physical therapy to lumbar spine 2 x per week for 10 weeks is not recommended as medically necessary.