

<b>Case Number:</b>	CM14-0028827		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Mississippi. 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 48-year-old female injured on March 16, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 29, 2014, indicates that there are ongoing complaints of low back pain with radiation along the inner thighs on the left side more than the right. The physical examination demonstrated tenderness from L3 through S1 and extensor hallucis longus weakness rated at 4/5. Diagnostic imaging studies objectified disk space narrowing at L2/L3, L3/L4, L4/L5, and L5/S1. There was a spondylolisthesis at the L2/L3 level. Physical therapy was recommended for core strengthening and trunk stabilization and prescriptions were written for Flexeril, Naprosyn, and Ultracet. A request had been made for 12 additional visits of physical therapy for the lumbar spine and was not certified in the pre-authorization process on February 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Guidelines, Online, Low Back Disorders , Table 2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, MTUS (Effective July 18, 2009), Manual Therapy and Manipulation, page(s) 58 of 127  
Page(s): 58 OF 127.

**Decision rationale:** According to the attached medical record the injured employee had previously participated in physical therapy. However it is not stated how many sessions of physical therapy were attended or the efficacy of these sessions. Without this information additional physical therapy cannot be justified. This request for 12 additional visits of physical therapy for the lumbar spine is not medically necessary.