

<b>Case Number:</b>	CM14-0029362		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/16/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 60-year-old claimant with chronic cervical and low back pain following an alleged industrial injury on 8/16/2002. The biomechanics of the injury were not discussed in the documentation provided. The claimant has recently sought care with a teating specialist from whom a request was made for (6) additional Physical Therapy sessions for the lumbar spine, two (2) times per week for three (3) weeks, as an outpatient. The claimant has had MRI and electromyography (EMG) previously, but those reports are not available for review. There has been an orthopedic spine surgery evaluation by another treating physician which reportedly opined that the claimant was not a surgical candidate. There is no documentation of any "red flags" as discussed by American College of Occupational and Environmental Medicine (ACOEM) or neurologic deficits or motor or sensory losses. There is "stiffness" of the spine but no neurologic deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE, TWO (2) TIMES PER WEEK FOR THREE (3) WEEKS AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%202,Summary%20of%20Recommendations,Low%20Back%20Disorders).

**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, Pain; Physical Medicine Treatment.

**Decision rationale:** The claimant has had previous conservative measures and could do just as well with a self-directed home exercise program. ODG recommends up to nine sessions of physical therapy for the treatment of low back pain. The claimant is more than twelve years removed from the acute industrial injury, so monitored physical therapy is unlikely to be of any benefit. There is no documentation of any "red flags" as discussed by ACOEM or neurologic deficits or motor or sensory losses to warrant repeat monitored physical therapy. Therefore, the request is not medically necessary or appropriate.