

<b>Case Number:</b>	CM14-0035134		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Occupational Medicine 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 34 year old male who sustained an injury to his low back on 10/19/12 while lifting a 6x14 x22 inch beam (weight unable to recall) with the assistance of three other coworkers, he felt "a lot of pain". The injured worker completed six to seven visits of physical therapy and was referred to a chiropractor for treatment, where he received approximately four visits of chiropractic care. Magnetic resonance imaging of the lumbar spine revealed a 2-3mm posterior disc protrusion at L4-5 which indented the thecal sac, but did not cause significant spinal stenosis. Physical examination of the lumbar spine revealed no gross deformity; patient was obese; palpation revealed diffuse paraspinal muscle discomfort of the lumbar spine; point tenderness not appreciated; forward flexion 40 degrees, extension 5 degrees with pain, but full range of motion; able to heel toe walk; straight leg raise negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for six weeks to the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter, Physical therapy (PT).

**Decision rationale:** The request for physical therapy two times a week times six weeks for the lumbar spine is not medically necessary. The previous request was denied on the basis that the medical record provided did not discuss the response to the previous physical therapy visits, nor rationale supporting the need for further therapy on an outlier basis to the Official Disability Guidelines recommendations of up to 10 visits for the low back versus transitioning to a self-directed home exercise program. After reviewing the submitted clinical documentation, there was no additional significant objective information provided that would support a reverse of the previous adverse determination. Given this, the request for physical therapy two times a week times six weeks for the lumbar spine is not indicated as medically necessary.