

<b>Case Number:</b>	CM14-0036629		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 53-year-old female who was reportedly injured on February 9, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of persistent low back pain the physical examination demonstrated tenderness to the lower lumbar spine and decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Continued work with home exercise was recommended and Mobic was prescribed. Previous treatment includes a home exercise program. A request had been made for additional physical therapy for the lumbar spine and was not certified in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient physical therapy two (2) times a week for six (6) weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): : 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Page(s): 58-59.

**Decision rationale:** It is unclear why there is an additional request for physical therapy for the lumbar spine. The injured employee had previously participated in physical therapy and is currently participating in a home exercise program. There is no specific justification mentioned to return to a formal physical therapy program for the lumbar spine. This request for additional physical therapy for the lumbar spine twice a week for six weeks is not medically necessary.