

<b>Case Number:</b>	CM14-0037876		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 California and Washington State. 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 61-year-old male who reported an injury on 09/09/2013, the injury occurred while driving a truck on uneven ground. On 02/07/2014, the injured worker presented with low back pain. Upon examination, range of motion of the lumbosacral area causes pain, there was improved range of motion in the lumbosacral area, and the neurovascular function of the lower extremities were intact. Prior therapy included medication and physical therapy. The diagnoses were sprain/strain of lumbosacral joint ligament, lumbago low back pain, and spasm of the muscles. The provider recommended 6 sessions of physical therapy to the lumbar spine 2 times a week for 3 weeks, the provider's rationale is not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of physical therapy for the lumbar spine (2x3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic- Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The guidelines allow for up to 10 visits of physical therapy over 4 weeks, the amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process. As such, the request for 6 sessions of physical therapy for the lumbar spine, (2 times a week for 3 weeks), is not medically necessary.