

<b>Case Number:</b>	CM14-0038850		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/24/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Internal Medicine and is licensed to practice in California. 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 patient is a 20 year old female who was injured on 11/24/2013 while doing heavy lifting. Prior medication history included Cyclobenzaprine, Omeprazole, Tramadol, and Polar freeze. She has been treated conservatively with physical therapy (unknown as to how many sessions were completed). Progress report dated 01/22/2014 states the patient reported low back pain. She has had no improvement in symptoms. She reported 9/10 cramping low back pain radiating into the leg. She stated her pain is alleviated with pain and rest and is exacerbated by lifting her leg. On exam, she has a normal gait. Range of motion of the back is restricted. Straight leg raise is positive on right at 45 degrees. She is diagnosed with lumbar sprain/strain, back muscle spasm, and back pain. Progress report dated 03/12/2014 documented the patient to have complained of still having a difficult time with heavy lifting. On exam, range of motion of the cervical spine revealed flexion to 50; extension 60; right lateral bending to 45; left lateral bending to 45; right lateral rotation to 80 and left lateral rotation to 80. Range of motion of the lumbar spine revealed flexion to 55; extension to 20; right lateral bending to 20 and left lateral bending to 20. Motor muscle testing of upper extremities is 5/5 bilaterally. Straight leg raise is negative. Neuro exam is 5/5 of the bilateral lower extremities. She was recommended for physical therapy two times a weeks for six weeks for the lumbar spine. Prior utilization review dated 03/27/2014 states the request for physical therapy two times a week for six weeks for the lumbar spine is denied there is no evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a weeks for six weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Physical therapy.

**Decision rationale:** As per California MTUS guidelines, physical medicine 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. The Official Disability Guidelines generally recommends 12-16 physical therapy sessions for lumbar musculoskeletal injuries. The patient has had extensive physical therapy in the past. It is unclear from the documents provided as to the number of treatment received thus far. The subjective and objective benefit from previous therapy was also not documented. It is not clear what the specific impairments are at this time that physical therapy is to address. Additionally, it is not evident why a home exercise program is not suitable given the history of extensive physical therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.