

<b>Case Number:</b>	CM14-0071635		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2014

### 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, has a subspecialty in Pain Management 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:

This is a 34-year-old female with a 9/12/2013 date of injury, after being jerk by a large dog. 4/29/14 determination was non-certified given full range of motion and minimal tenderness of the lumbar spine. 5/31/14 medical report revealed low back pain. Exam revealed that the patient appear to be in moderate pain. Decreased range of motion of the lumbar spine with pain. 5/23/14, 4/21/14, and 10/15/13 medical reports identified low back pain full range of motion, stooped gait, and tenderness of the lumbar spine. 3/24/14 QME supplemental report identified that the patient sustained a musculoskeletal strain. 3/12/14 QME supplemental report identified that the patient was still symptomatic with pain to her back and should respond well to physical therapy and conservative measures. Treatment to date has included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 Physical Therapy Evaluation and Treatment for lumbar spine, 3 times a week for 3 weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2. Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter.

**Decision rationale:** The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient sustained a work injury and was treated conservatively. Per QME the patient sustained a back strain. There were several reports documenting full range of motion and only tenderness to the low back. The most recent report identified decreased range of motion. However, there were no specific measurements provided. The functional deficits to be addressed with the requested therapy were not delineated. In addition, the patient had prior physical therapy sessions and there was no indication of the number of sessions completed to date and the objective improvement from previous sessions. It was also not clear if, given limited findings, a home exercise program would not be appropriate to address any remaining deficits. The medical necessity was not substantiated for additional physical therapy.