

<b>Case Number:</b>	CM14-0072903		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 & Rehabilitation 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 underlying date of injury in this case is 06/21/2012. The treating diagnoses include lumbar sprain and L4-5 disc protrusion. A treating physician orthopedic followup note of 03/27/2014 is handwritten and difficult to read partly due to handwriting and partly due to copying technology. That report states that the patient was not improved significantly and requests additional physical therapy. Very limited other clinical information is available in that note

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition into an independent home rehabilitation program. If additional supervised therapy is requested rather than a continued independent home rehabilitation, the medical record should contain a rationale for additional therapy and treatment goals or treatment methodology to distinguish additional

physical therapy as different from past ineffective therapy and differing from the patient's past home exercise program. The available clinical information at this time is limited and is not consistent with these guidelines. This request is not medically necessary.