

<b>Case Number:</b>	CM14-0194333		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Interventional Spine 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 25-year old male with an injury date of 09/02/14. Based on the 09/23/14 progress report, the patient complains of low back pain. He has pain with flexion. The 10/16/14 report also states that the patient has low back pain which is on an intermittent basis. He describes the pain as being moderate and aching in nature. The patient has mild tenderness over the b/T LS paraspinal areas. The patient's diagnoses include the following: 1. Lumbar muscle strain 2. Thoracic spine strain The utilization review determination being challenged is dated 11/14/14. There were two treatment reports provided from 09/23/14 and 10/16/14. The two reports provided were brief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 for the 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 physical medicine Page(s): 98-99.

**Decision rationale:** The 10/16/14 report states that the patient presents with low back pain which is on an intermittent basis. The request is for physical therapy x 6 visits for the lumbar spine for stretching, increase in range of motion, strengthening, and home exercise program. The rationale is that there is a lack of physical impairment appreciated on the most recent office visit. The utilization review denial letter states that the patient has already had "five to six sessions of physical therapy. The claimant was uncertain whether the physical therapy was helping. Therefore, Physical Therapy 2x6 for the Lumbar Spine is not medically necessary.