

<b>Case Number:</b>	CM14-0204539		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Family Practice, and is licensed to practice in North Carolina. 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 claimant had a date of injury of 8/4/2014. Mechanism was injury was carrying boxes, during which activity the claimant felt pain in his low back. The diagnosis is lumbosacral strain. Investigations have included xrays. Treatment ahs included medication and 9 sessions of physical therapy after which he reports continued and unrelieved pain. The request is for physical therapy 2 times a week for six weeks (12 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, 2 times a week for 6 weeks; 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** CA MTUS recommends the use of physical therapy for back pain complaints with recommendation against prolonged manipulation (greater than 4 weeks). ODG guidelines for physical therapy are for 10 visits over 8 weeks for intervertebral disc disorders and no more than two visits after steroid injection of the back to emphasize home exercise program.

The request in this case was for 2 visits a week for 6 weeks, which exceeds the recommended length of therapy of initial therapy. He has completed 9 sessions with no apparent clinical improvement and there is no rationale in the submitted records to explain why additional physical therapy would be expected to provide benefit. Physical therapy two times a week for 6 weeks is not medically indicated.