

<b>Case Number:</b>	CM15-0149536		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 45 year old female with a September 16, 2013 date of injury. A progress note dated June 25, 2015 documents subjective complaints (low back and right lower extremity pain; right forearm pain that is not industrial related), objective findings (tenderness noted over the midline of the lumbar spine), and current diagnoses (spasm of muscle; lower back injury; lumbago; displacement of lumbar intervertebral disc without myelopathy; chronic pain syndrome). Treatments to date have included medications, functional capacity evaluation, and exercise. The treating physician documented a plan of care that included six sessions of physical therapy for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the low back; 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 204.

**Decision rationale:** According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant completed a functional restoration program in 2014 and has been performing home exercises for several months. Consequently, 6 sessions of physical therapy sessions are not medically necessary.