

<b>Case Number:</b>	CM15-0038123		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: New Jersey

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:

The injured worker is a 35-year-old male with an industrial injury dated 04/08/2014. The mechanism of injury is documented as moving an over-sized box resulting in back pain. Available records note the injured worker is complaining of back pain. Range of motion is decreased. The records present note that physical therapy was not helping. Prior treatments include x-rays, physical therapy and anti-inflammatories. MRI of the lumbar spine dated 01/12/2015 is present in the submitted records. Diagnoses included low back strain and lumbar sprain. The request for physical therapy 12 sessions (3 times weekly for 4 weeks) to the lumbar spine was non-certified by utilization review on 01/29/2015. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions 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:** Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed a course of physical therapy months prior to this request, but with a reported lack of benefit. Continuation of supervised therapy, if it hasn't helped in the past, would be inappropriate. If this report of physical therapy not helping is in error and in fact it did help the worker, then, regardless, at this point in time, the worker should be skilled enough with home exercises to maintain physical therapy in an unsupervised home routine. There was no evidence to suggest the worker was unable to perform home exercises effectively. Therefore, the 12 additional sessions of physical therapy for the lumbar spine will be considered medically unnecessary, based on the notes provided for review.