

<b>Case Number:</b>	CM15-0041601		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female who reported an injury on 12/09/2011. The mechanism of injury was not stated. The current diagnoses include spinal stenosis in the lumbar region, low back pain, degeneration of the lumbar or lumbosacral intervertebral disc. The injured worker presented on 02/13/2015 for a followup evaluation with complaints of persistent low back pain with difficulty performing activities of daily living. Upon examination, there was significant pain with twisting of the lumbar spine, moderate distress, normal strength, bulk and tone in the muscles, and intact sensation. Recommendations included physical therapy for the lumbar spine twice a week for 4 weeks. A Request for Authorization was then submitted on 02/19/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy continue two times a week for four weeks, in treatment of the lumbar spine, QTY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** California MTUS Guidelines state Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Although the provider indicated on 02/13/2015, the injured worker had not participated in physical therapy for the lumbar spine, the Request for Authorization form submitted on 02/19/2015 was for continuation of physical therapy for the lumbar spine. There was also no documentation of a significant functional limitation upon examination. Given the above, the request is not medically appropriate.