

<b>Case Number:</b>	CM14-0107664		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/15/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 27 years old female with an injury date on 03/15/2014. Based on the 04/23/2014 progress report provided by [REDACTED], the diagnosis is: 1. Lumbosacral strain. According to this report, the patient complains of low back pain. Physical exam reveals tenderness over the L1-L5 region. Extension of the lumbar spine is 20 degree and flexion to 6". The patient is to "continue PT, re-check one week-possible discharged." There were no other significant findings noted on this report. The utilization review denied the request on 06/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/29/2014 to 04/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Outpatient Physical Therapy 3 times a week for 3 weeks from 04/01/2014-04/21/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine - Excessive Therapy Page(s): 98- 99, 8.

**Decision rationale:** According to the 04/23/2014 report by [REDACTED] this patient presents with low back pain. The treater is requesting retro: outpatient physical therapy 3 times a week for 3 weeks from 04/01/2014 to 04/21/2014. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no prior therapy reports. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. In this cases, the 04/01/2014 progress report indicates the patient is "doing well;" no mentions of declined function or a flare-up of symptoms. The treater does not discuss the reasons for requested therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given the above the request is not medically necessary.