

<b>Case Number:</b>	CM14-0122203		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 56 year old female was reportedly injured on 2/28/2010. The mechanism of injury is undisclosed. The most recent progress note, dated 5/7/2014. Indicates that there are ongoing complaints of low back pain that radiates in the both buttocks. The physical examination demonstrated well healed incision on the lumbar spine, 2+ tenderness of the paralumbar muscles with associated miles spasms, decreased range of motion, left hip 1+ tenderness of the trochanteric bursa region, and decreased range of motion in all directions. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for physical therapy of the lumbar spine two times a week for four weeks eight visits and was not certified in the preauthorization process on 6/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional physical therapy for the lumbar spine, 2 times a week for 4 weeks, as an outpatient.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)-<https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of ten visits. The claimant has chronic complaints of low back pain and review of the available medical records, fails to demonstrate an improvement in pain or function. After review the medical records provided there is minimal documentation of previous conservative treatment particularly physical therapy in an injured worker was injured four years ago. The treating physician did not provide enough documentation on physical exam or past medical history to justify physical therapy at this point in time. Therefore, lacking pertinent documentation, this request is deemed not medically necessary at this time.