

<b>Case Number:</b>	CM14-0136503		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/26/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Illinois. 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 injured worker is a 77 year old female with a reported date of injury on 09/26/2010. The mechanism of injury was a fall. The diagnoses included severe spondylosis and low back pain. The past treatment included pain medication and physical therapy. The notes indicate that the injured worker had physical therapy years ago that did help but she was interested in other courses for her pain. There were no diagnostic studies or surgical history noted in the records. The subjective complaints on 07/28/2014 included low back pain primarily on the right side. The physical examination findings noted positive straight leg raise on the right and negative on the left. There were no motor strength deficits and all muscle groups were rated 5/5. The range of motion to the lumbar spine included flexion at 30 degrees, extension at 10 degrees and lateral bending at 25 degrees bilaterally. The plan was to order physical therapy. The rationale was to strengthen the injured workers core muscles. The request for authorization form was dated 08/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO LOW BACK:** 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:** The request for PHYSICAL THERAPY TO LOW BACK is not medically necessary. The California MTUS Guidelines state up to 10 visits of physical therapy may be supported for unspecified myalgia and continued visits should be contingent on documentation of objective improvement. The injured worker has chronic low back pain. The physical examination noted that there were no motor strength deficits and the range of motion to the lumbar spine included flexion at 30 degrees, extension at 10 degrees and lateral bending at 25 degrees bilaterally. There is a lack of significant functional deficits documented in the notes. Additionally, there was no documentation submitted from the previous physical therapy sessions to verify the number of sessions completed and objective functional improvements. In the absence of measurable objective functional gains made with previous treatment and significant residual functional deficits to warrant additional therapy, the request is not supported by the evidence based guidelines. Furthermore, the request as submitted did not provide a frequency or quantity. As such, the request is not medically necessary.