

<b>Case Number:</b>	CM13-0019573		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/06/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 32 years old female with an injury date on 11/06/2011. Based on the 03/25/2013 progress report provided by [REDACTED], the diagnoses are include chronic lumbar strain with ongoing pain, and suspect herniated disc. According to this report, the patient complains of ongoing back pain with radicular complaints, especially symptoms going down to the right leg. Straight leg raise test is positive. The patient is working modified duties as a CNA. The 05/06/2014 report indicates the patient had a CT tomogram of the lumbar spine on 04/26/13, shows a disc at L4-L5 to the left. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 03/25/2013 to 07/22/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine (12 sessions):** Upheld

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

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

**Decision rationale:** 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 therapy reports to clearly identify the patient's treatment history. It would appear that the patient has had 12 to 18 sessions of therapy or sessions authorized. MTUS allows up to 10 sessions for the type of condition this patient presents with in a non-post-operative setting. The current request exceeds MTUS guidelines and is therefore not medically necessary.