

<b>Case Number:</b>	CM13-0022576		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	09/20/2007
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 reported a date of injury of 09/20/2007. He fell from 12 feet from a pile of cardboard boxes and injured his neck, back and knee. Lumbar MRI in 04/2013 revealed a 4 mm disc protrusion at L5-S1 with S1 impingement. He also had a cervical spine MRI that revealed degenerative changes. On 07/22/2013 he had low back pain with right lumbar radiculopathy. He was referred to a neurosurgeon.

### 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 (18 sessions):** Upheld

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

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

**Decision rationale:** The injury was in 2007 and the patient has chronic pain from lumbar radiculopathy. MTUS Chronic Pain for neuralgia, neuritis, radiculitis allows for a maximum of 8 to 10 physical therapy visits. The requested 18 physical therapy visits is not consistent with MTUS guidelines.