

<b>Case Number:</b>	CM13-0023594		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 45-year-old female who reported a work related injury on 12/16/2012. She reported low back pain due to her job duties. The patient was diagnosed with lumbar sprain and strain. She was assessed with annular tear bulge disc at L4-5. The patient has undergone physical therapy sessions and a home exercise program. A request has been made for physical therapy 3 times a week for 2 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 3 x a week for 2 weeks, for the lumbar spine:** 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:** The recent physical exam of the patient revealed normal range of motion of the back and normal strength of the lower extremities. The patient was noted to have normal deep tendon reflexes and sensations. Her straight leg raise test for sciatic nerve involvement was positive on the right side at 80 degrees, and Patrick-Fabere test was positive bilaterally. The patient complained of continuing pain to her lumbar spine and reported that her home exercise

program was in no way a substitute for actual therapy. Recent clinical documentation stated the patient had been authorized for 15 physical therapy sessions to date; however, there was no documentation noted of the efficacy of these physical therapy sessions for the patient. California MTUS Chronic Pain Medical Treatment Guidelines recommend 8 to 10 physical therapy visits over 4 weeks for neuralgia, neuritis, and radiculitis. The patient was not noted in the submitted documentation to have significant functional deficits per physical exam. Furthermore, there was no documentation of the patient's previous physical therapy to determine the efficacy of those visits. It is unclear, per submitted documentation, when the patient's last physical therapy sessions occurred. Therefore, the decision for physical therapy 3 times a week for 2 weeks for the lumbar spine is non-certified.