

<b>Case Number:</b>	CM13-0038233		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/12/2000
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old female with a date of injury of 12/12/2000. The patient is diagnosed with lumbosacral neuritis, lumbosacral disc degeneration and lumbar disc displacement. The patient was seen on 11/04/2013 for a follow up appointment. The patient continues to have lower back pain with walking, standing, and weight-bearing activities. The patient admits to increased pain and stiffness over the past several months. On objective findings, the physician noted the patient was in no acute distress, walked with a normal gait with the aid of a cane, 5/5 lower extremity, and neurologically intact. There is no documentation as far as medications that the patient currently is on for the pain. There also is no documentation of a current pain assessment or even the pain level that the patient came in on.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (8 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient is a 60-year-old female with diagnoses of lumbosacral neuritis, lumbosacral disc degeneration, and lumbar disc displacement. The patient was seen on 11/04/2013, for lower back pain with walking, standing, and weight bearing activities. On this office visit, there was no notation as far as a list of medications the patient was on for pain, or if the pain medication had been effective. There also was no pain assessment completed by the physician as far as what pain level the patient has been at since the last visit, if once they take the pain medication if it is effective, and if it is effective how effective the medication has been in general. There is no documentation to show if the patient has had physical therapy in the past and, if so, how many sessions, the effectiveness of it. The CA MTUS Guidelines state under physical medicine guidelines, myalgia and myositis, unspecified, 9 to 10 visits over 8 weeks, neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks. The documentation provided does not, again, show as far as for the physical therapy if the patient has had it in the past and/or if it has been effective. Therefore, this request for 12 sessions is non-certified.