

<b>Case Number:</b>	CM13-0044711		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 60 year old female with an injury date on 04/05/12. Based on the 09/25/13 progress report provided by [REDACTED], [REDACTED], the patient's diagnosis include low back pain, lumbar radiculopathy, and lumbar facet syndrome. On 10/28/13, the patient had a left sacroiliac joint steroid injection under fluoroscopy. [REDACTED] requests for physical therapy 2 X a week for 6 weeks for lumbar area. The utilization review determination being challenged is dated 10/04/13 and recommends denial of the physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 09/25/13- 12/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks lumbar area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

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

**Decision rationale:** According to the 09/25/13 progress report by [REDACTED], the patient presents with low back pain, lumbar radiculopathy, and lumbar facet syndrome. The request is for physical therapy twice a week for 6 weeks for lumbar area. The request was denied by utilization review letter dated 10/04/13. The rationale was that "the total number of completed physical therapy sessions and patient's response to physical therapy were not documented in the records submitted." [REDACTED] most recent report from 12/11/13 states that the "patient rates her pain as a 6 on a scale of 1 to 10." This progress report continues to state that 3 visits of physical therapy were authorized and the physician would like to request 9 more sessions of physical therapy "as 3 sessions will be insufficient to appropriately treat and provide HEP training." The 12/11/13 progress report also mentioned that the patient had yet to schedule those 3 authorized physical therapy sessions. The California MTUS guidelines pages 98, 99 states that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The requested 9 additional sessions of therapy, in addition to the 3 sessions which were already authorized, would exceed what is allowed by the MTUS. The recommendation is for denial.