

<b>Case Number:</b>	CM13-0045179		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/02/2013
<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 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 & Rehabilitation, 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 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 59-year-old female who reported injury on 06/12/2013. The mechanism of injury was stated to be the patient fell off a Segway. The patient was noted to have low back pain radiating into the left leg and neck pain. The patient was noted to have tenderness to palpation over the paraspinal musculature. The patient's flexion was noted to be within normal limits. The patient's diagnosis was noted to be lumbar radiculitis. The request was made for physical therapy 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 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a

maximum of 8 visits to 10 visits for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had tenderness to palpation of the paraspinal musculature and a decreased range of motion in flexion. The patient was noted to have physical therapy; however, it was noted that physical therapy had not been very effective. There was a lack of documentation indicating the quantity of sessions the patient had received for the lumbar spine. Per the submitted request, there was a lack of documentation indicating the number of sessions being requested. Additionally, the patient indicated that physical therapy had not been very effective. Given the above, and the lack of documentation of exceptional factors, the request for physical therapy for the lumbar spine is not medically necessary.