

<b>Case Number:</b>	CM13-0048848		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/17/2000
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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, 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 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:

This is a 55 year-old male [REDACTED] with a 4/17/2000 industrial injury claim. He has been diagnosed with chronic low back sprain/strain; left leg radiculopathy; left testicular pain secondary to chronic low back sprain; Status/ post (s/p) lumbar surgery; myofascial pain syndrome. The 10/10/13 medical report describes an acute flare-up of the chronic pain, that the patient was not able to resolve with this home exercise program. He was recommended to have 6 PT sessions for the flare-up and to review and modify his Home Exercise Program (HEP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of physical medicine treatment:** Overturned

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

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

**Decision rationale:** The patient has chronic back pain and reported a recent flare-up. He has not had PT for the flare up. MTUS chronic pain guidelines recommend up to ten sessions for various or unspecified myalgias or neuralgias. The request for six sessions of physical therapy (PT) for

the recent flare up, and to review and modify the existing home exercise program appears to be in accordance with MTUS guidelines. Therefore, Decision for Six sessions of physical medicine treatment is medically necessary and appropriate.