

<b>Case Number:</b>	CM13-0052763		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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, 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 56 year-old female who was injured on 2/15/10. On 10/11/13, she presented with moderate-severe low back pain radiating down both lower extremities. She was diagnosed with lumbar HNP without myelopathy; lumbar radiculopathy; sprain of the Sacroiliac Joint (SI), bilateral; and bilateral hip bursitis. PT was requested for 3x4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy (PT) three (3) times a week for four (4) weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, web-based edition:  
[http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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

**Decision rationale:** The records show the patient was provided with an HEP back on 4/22/13. On 10/11/13, she presented with moderate-severe low back pain radiating down both lower extremities. There was no discussion of outcome of prior PT, and no rationale provided for the current PT request. MTUS does allow for PT for various myalgias and neuralgias, but

recommends 8-10 sessions. While it would appear appropriate for 8-10 sessions of PT, the current request for 12 sessions of PT will exceed MTUS recommendations, and the current IMR process does not allow for partial certifications. The request for 12 PT sessions exceeds MTUS recommendations of up to 10 sessions.