

<b>Case Number:</b>	CM13-0057318		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 patient is a 41 year old male with date of injury of 11/28/12. The listed diagnoses are lumbosacral strain and lumbar radiculopathy. According to progress report from 10/31/13, the patient complains of lower back and left lower extremity pain. He recently received a lumbar epidural steroid injection and he reports significant improvement in his lower back and left lower extremities. However, the low back pain quickly returned and became more focal and sharp. He has been experiencing severe pain in the low back when he walks, but no pain in the lower extremities. He is currently taking Robaxin and Ibuprofen. Physical examination shows that the patient is well-developed, well-nourished, appears to be in no acute distress, sensation is intact throughout, and reflexes are normal. Examination of the cervical spine shows full range of motion. There is moderate tenderness to palpation of the bilateral cervical paraspinal and bilateral thoracic paraspinal. There is severe pain on palpation of bilateral lower lumbar paraspinal, bilateral gluteus muscles, and bilateral posterior superior iliac spine. Straight leg raise is negative. Strength testing in bilateral extremities is normal. The patient does have a steady gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional physical therapy twice a week for three weeks for the low back: Upheld**

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

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

**Decision rationale:** MTUS Guidelines for physical medicine state that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of records from 6/27/13 to 12/12/13 does not show any recent physical therapy reports to verify what results were accomplished. A progress report dated 6/27/13 documents that the patient has completed a large amount of physical therapy with minimal relief. On a report dated 9/12/13, [REDACTED] states that the patient seemed to be improving with the previous two sessions of physical therapy. It is uncertain what additional and on-going therapy will accomplish in this patient who appears to have had adequate therapy thus far. The patient appears have had at least 10+ sessions therapy in the last six months. The request for six additional sessions would exceed what is allowed by MTUS for this kind of condition. As such, the request is noncertified.