

<b>Case Number:</b>	CM13-0057986		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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, 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 injured worker is a 24-year-old male who reported an injury on November 6, 2013 after lifting a heavy object that caused immediate onset of low back pain. The injured worker was evaluated on November 12, 2013. It was documented that the injured worker had 6/10 to 7/10 pain with 4+/5 hip flexion due to pain, a positive straight leg raising test, and tenderness to palpation over the L5-S1. The injured worker's diagnoses included back pain, myofasciitis, and sciatica. The injured worker's treatment plan included medications, physical therapy, and an orthopedic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE (12) SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

**Decision rationale:** The requested twelve sessions of physical therapy for the lumbar spine are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule

does support the use of physical medicine in the management of pain, decreased range of motion, and weakness. The California Medical Treatment Utilization Schedule recommends up to eight to ten visits for radiculitis and myofascial pain. The request is for twelve physical therapy sessions for the lumbar spine. Although a trial of physical therapy would be appropriate for this patient, the request exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for twelve sessions of physical therapy for the lumbar spine is not medically necessary or appropriate.