

<b>Case Number:</b>	CM13-0058262		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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:

The patient is a 36-year-old female with a date of injury of 07/13/2013. The listed diagnoses per [REDACTED] dated 10/22/2013 are: (1) Bilateral neck pain with radiation to bilateral shoulders, (2) Right lower back pain with radiation to the medial thigh and groin, (3) Right more than left functional hip pain with negative x-rays of the hip, (4) Status post falling at work. According to report dated 10/22/2013 by [REDACTED], the patient presents with pain in the low back which radiates to the medial thigh and into the groin. It was noted that the patient is doing "quite well" with physical therapy. Upon examination, the patient revealed tenderness over the paraspinous and S1 joint. The patient had noted pain in the bilateral SI joint with tenderness and right buttock tenderness. Facet loading was noted as positive on the right and left. Range of motion was restricted due to pain. Treater states the patient has "obvious flare-up" and requests 8 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times four 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:** This patient presents with complaints of low back pain. The treater is requesting a new session of 2x4 physical therapy for the low back. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 visits over 8 weeks. In this case, the medical records indicate the patient received a course of 12 physical therapy sessions dating from 08/07/2013 to 09/23/2013. The requested additional 8 sessions exceeds what is recommended by MTUS Guidelines and recommendation is for denial.