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| <b>Case Number:</b>   | CM13-0063296 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 02/22/2013 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 12/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2013 |

### 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 Family Practice, 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 patient is a 52-year-old who reported an injury on 02/22/2013. The mechanism of injury was noted to be lifting a heavy object. The patient was diagnosed with a sprain of the lumbar. The patient was noted to have limited motion with pain down both legs, a tender lumbar spine and limited motion with paraspinal areas. X-ray of the lumbar spine was noted to reveal mild scoliosis with moderate degenerative change to L5-S1, and straightening of the normal lumbar lordosis. Degenerative change also noted on the AP view of the thoracolumbar junction. An MRI of the lumbar spine was noted to reveal near total obliteration of the L5-S1 disc space. Associated mild degenerative facet joint arthrosis was seen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO THE LUMBAR SPINE, THREE TIMES PER WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, physical therapy is recommended at nine to ten visits over eight weeks for the treatment of myalgia and myositis, unspecified. The documentation submitted for review showed that the patient had completed an unknown number of physical therapy visits. Due to the lack of documented measurable objective functional gains made in previous physical therapy visits, the request for additional therapy is not supported. The request for physical therapy for the lumbar spine, three times per week for three weeks, is not medically necessary or appropriate.