

<b>Case Number:</b>	CM13-0070930		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for lumbar myalgia, myospasm, and neuritis/radiculitis associated with an industrial injury date of September 28, 2012. The treatment to date has included NSAIDs, opioids, topical analgesics, home exercises, physical therapy, and bracing. The medical records from 2012 to November 18, 2013 were reviewed. Patient complained of persistent low back pain rated 9/10 aggravated by bending, stooping, kneeling, walking, and sitting. Pain was associated with weakness, numbness, tingling, and radiation to bilateral knees and ankles. Physical examination showed tenderness, guarding, and spasms over the paravertebral region bilaterally; and trigger points in the lumbar paraspinal muscles bilaterally. Lumbar muscle testing was graded 4/5. Lumbar spine ROM was restricted due to pain and spasm. The utilization review from December 6, 2013 denied the request for lumbar physical therapy 3xWk x 4Wks. Reasons for denial were: the requested 12 sessions were in excess of the guidelines' provisions, patient was over one year status post injury, clarification was needed regarding any prior skilled PT treatments directed at the lumbar spine, the inclusive dates of service, and the patient's objective functional response to previous PT visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3X WK X 4 WKS- LUMBAR:** Upheld

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

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

**Decision rationale:** According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefits of treatment are paramount. In this case, the patient had physical therapy sessions in the past. However, no reports as to its results, number of visits, physician's monitoring, and home exercises done were documented. This case also lacks clearly defined functional goals. Therefore, the request for physical therapy 3xWk x 4Wks-lumbar is not medically necessary.