

<b>Case Number:</b>	CM13-0071099		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	02/24/2005
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/24/2013
<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 Physical Medicine and Rehabilitation and Pain Management, 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 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 47 year-old male who was injured on 2/24/2005. He has been diagnosed with lumbar disc displacement without myelopathy; degeneration of lumbar disc and sciatica. According to the 11/7/13 pain management report from [REDACTED] i, the patient presents with low back and left hip pain. He recently completed 6 sessions of PT has noticed he was able to stand and walk better, but continues with pain in the leg. The TFESI was denied. Exam shows lumbar tenderness and decreased lumbar flexion, extension and rotation. There was decreased sensation to light touch over the LLE compared to the RLE. SLR positive on the left at 50 degs. [REDACTED] requested an additional 6 sessions of PT. On 12/24/13 UR states the patient had 12 sessions of PT without sustained functional improvement and denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

**Decision rationale:** According to the 11/7/13 pain management report from [REDACTED], the patient presents with low back and left hip pain. [REDACTED] shows functional improvement with the 6-sessions of Physical Therapy (PT) provided and requests another 6 sessions. MTUS allows for 8-10 sessions of PT for various myalgias and neuralgias. The request for 6 PT sessions when combined with the prior 6 PT sessions exceeds the MTUS recommendations. The request is not medically necessary and appropriate.