

<b>Case Number:</b>	CM13-0072214		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 & Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 reported an injury on 11/27/2012. The mechanism of injury was noted to be the patient was sitting at her desk and her feet got caught on the wires underneath the desk and her body jerked back, and the patient almost fell. The patient was treated with medications, 12 visits of physical therapy, acupuncture, and chiropractic treatments. The most recent documentation submitted for review was dated 06/13/2013. The patient's diagnoses were noted to be backache and lumbago. There was no recent documentation submitted for review including a DWC Form RFA, nor a physical examination. The submitted request was for 12 sessions of physiotherapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 SESSIONS OF PHYSIOTHERAPY FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for a maximum of 9 to 10 visits for myalgia. The clinical documentation submitted for review indicated the patient had complaints of back pain. The patient was noted to undergo 12 sessions of physical therapy previously. There was a lack of documentation indicating the objective functional benefit received from the therapy. There was a lack of documentation of a recent PR-2 and DWC Form RFA with the requested service to support that the patient had functional deficits and needed therapy. Additionally, the request exceeds guideline recommendations. Given the above, the request for 12 sessions of physiotherapy for the lumbar spine is not medically necessary.