

<b>Case Number:</b>	CM14-0008530		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	01/29/1998
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 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 reported an industrial injury claim incurred on 1/29/1998. She has been diagnosed with left L4 radiculopathy; status post lateral lumbar interbody fusion. According to the 1/21/14 pain management report, the surgery took place in February 2013, and she currently presents with left thigh numbness, tingling and pain with weakness in the left L4 distribution. The plan was for PT and ESIs. On 1/8/14 UR denied PT 4x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 4 X 4 FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The patient presents with back pain and L4 radicular symptoms. The last surgery was in Feb. 2013, the patient is not in the MTUS postsurgical physical medicine treatment timeframe. The MTUS chronic pain guidelines apply. MTUS states 8-10 sessions of PT is appropriate for various myalgias or neuralgias. The request for PT 4x4 or 16 sessions, will exceed the MTUS guidelines.

