

<b>Case Number:</b>	CM14-0103996		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/15/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 and Rehabilitation, 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 60 year old with an injury date on 12/15/10. Patient complains of constant lower lumbar pain radiating into bilateral legs and right foot, with numbness/tingling, along with numbness/tingling in bilateral hands per 6/11/14 report. Based on the 6/11/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar disc displacement 2. Lumbosacral neuritis NOS 3. Carpal tunnel syndrome an Exam on 6/11/14 showed "slow, guarded gait, limping with cane. Positive straight leg raise, right > left. Tenderness to palpation in C-spine and L-spine. Limited and painful range of motion of L-spine and C-spine." [REDACTED] is requesting physical therapy lumbar area, 18 sessions. The utilization review determination being challenged is dated 6/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/21/14 to 8/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Lumbar area; 18 session:** Upheld

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

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

**Decision rationale:** This patient presents with lower back pain radiating to bilateral legs/right foot and bilateral hand numbness/tingling. The treater has asked for physical therapy lumbar area, 18 sessions on 5/21/14. According to physical therapy orders dated 5/21/14, the requested physical therapy seems to focus on strengthening. Review of the reports does not show any evidence of physical therapy being done in the recent past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Given the lack of recent therapy sessions, a course of 10 physical therapy sessions would be indicated. The requested 18 sessions of physical therapy, however, exceed MTUS guidelines for this type of condition. Recommendation is for denial.