

<b>Case Number:</b>	CM14-0105825		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 37-year-old male who was reportedly injured on one July 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 2, 2014, indicated that there were ongoing complaints of low back pain radiating down the bilateral lower extremities. The physical examination demonstrated tenderness of the musculoskeletal system. Diagnostic imaging studies of the lumbar spine showed large disc herniations at L4-L5 and L5-S1. Previous treatment was the morphine injection at the emergency department. A referral to a spine specialist was recommended. A request was made for 12 visits of physical therapy for the lumbar spine and was not certified in the pre-authorization process on June 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 visits for the lumbar spine (L/S): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Physical Therapy, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, 10 visits of physical therapy are recommended for injured vertebral disc disorders of the lumbar spine. As this request is for 12 visits, this request for physical therapy for 12 visits of the lumbar spine is not medically necessary.