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| <b>Case Number:</b>   | CM14-0010477 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 02/24/2010 |
| <b>Decision Date:</b> | 06/25/2014   | <b>UR Denial Date:</b>       | 01/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/27/2014 |

### 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 Orthopedic Surgery, 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 injured worker is a 47 year old female whose date of injury is 02/24/2010. The mechanism of injury is not described. Supplemental report dated 09/16/13 indicates that the injured worker complains of pain in the neck, low back, buttocks, shoulder, forearm and wrist. On physical examination of the lumbar spine manual muscle testing is rated as 4/5. Range of motion is restricted due to pain. Diagnoses are lumbar degenerative disc disease, lumbar disc protrusion, lumbar stenosis and lumbar radiculopathy. The injured worker was recommended to undergo lumbar epidural steroid injection. Note dated 10/14/13 indicates that low back pain radiates to the bilateral buttocks to left leg to foot. Note dated 11/04/13 indicates that she has received 4 sessions of physical therapy. Note dated 01/06/14 indicates that she has received physical therapy and is working full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, THREE TIMES A WEEK FOR FOUR WEEKS, LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: GUIDELINES FOR PHYSICAL THERAPY, , 474

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for physical therapy three times a week for four weeks lumbar spine is not recommended as medically necessary. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The submitted records indicate that the injured worker was working full time in January 2014. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided. The injured worker's compliance with an active home exercise program is not documented.