

<b>Case Number:</b>	CM14-0015345		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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, 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 46 year old female with a report of injury on 01/22/2009 due to transferring a client from a wheelchair to a bed. On 12/09/2013 she had an exam with complaints of bilateral pain on lower back on a scale of 9/10 that radiated bilaterally to buttocks. She did not complain of numbness or tingling. On physical exam the injured worker had 0 degrees of lumbar extension and 20 degrees of flexion. The injured worker also had 3/5 strength. The injured worker had a history of previous physical therapy, acupuncture, TENS unit and medication with no reports of improvement. The injured worker had an epidural steroid injection on 02/26/2013 as well as a medial branch block on 09/24/2013. Both procedures were reported as "failed". The injured worker reported no benefit to the use of heating pads and stated that the Etodolac daily provided "slight relief". There was no recent MRI study provided. The diagnosis is lumbar disc displacement without myelopathy. The plan of treatment is that the injured worker would benefit from physical therapy and change of medications and to take off work. The request authorization form was signed on 12/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR 12 SESSION TO 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 injured worker complained of chronic lower back pain radiating to buttocks. She has not reported benefits or improvement to previous treatment of physical therapy, acupuncture, heat pads, and medications. The injured worker had multiple injections with no benefit. The California MTUS guidelines recommend physical therapy up to 10 visits. There was no recent documentation of effective therapy. In addition, the request for 12 visits exceeds guideline recommendations for duration of care. Therefore the above request is not medically necessary.