

<b>Case Number:</b>	CM14-0017126		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 32-year-old male who reported an injury on 7/18/13. The mechanism of injury was due to carrying a 90 pound ladder and turning; he felt a sharp, stabbing pain to the lower back as a result. The clinical documentation dated 1/6/14 revealed that the injured worker had decreased range of motion and tenderness in the bilateral lumbar region. The injured worker had decreased sensation on the right at the great toe extensor and with plantar flexion. The injured worker had a positive seated nerve root test and straight leg raise test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the injured worker had participated in five physical therapy sessions.

There was a lack of documentation of objective functional improvement. The clinical documentation submitted for review failed to indicate remaining objective functional deficits to support the necessity for ongoing therapy. The request for 12 sessions would exceed guideline recommendations. Given the above, the request is not medically necessary.