

<b>Case Number:</b>	CM14-0110831		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Pain Management, 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 53 year old with an injury date on 12/22/09. Patient complains of continuing lumbar pain, with radiation to right lower extremity with numbness/tingling in sole of foot per 4/8/14 report. Based on the 5/21/14 progress report provided by [REDACTED] the diagnoses are: 1. cervicgia2. LumbagoExam on 4/8/14 showed "right sided EHL weakness rated 4/5. Mildly positive straight leg raise on right side." No range of motion testing was founded in reports. Patient's treatment history includes physical therapy for lumbar, medication, and right sided L4-S1 radiofrequency rhizotomy gave 80% pain relief per 5/21/14 report. [REDACTED] is requesting physical therapy 12 sessions lumbar spine. The utilization review determination being challenged is dated 6/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/9/13 to 5/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical therapy sessions for lumbar spine:** 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 physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with back pain, and right leg/foot pain. The treater has asked for physical therapy 12 sessions lumbar spine on 5/21/14. Physical therapy has "flared up her lower back to some degree" per 4/8/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The utilization review letter dated 6/12/14 stated patient was authorized for 12 sessions of physical therapy and completed 7 of them. The patient is apparently not responding to therapy. The treater has asked for additional 12 sessions of therapy but does not explain why. The treater does not discuss the patient's progress and what is to be accomplished with on-going therapy. The requested additional 12 Physical Therapy sessions are excessive per MTUS and therefore, not medically necessary.