

<b>Case Number:</b>	CM14-0114506		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, 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 50 year-old female with the date of injury of 09/05/2013. The patient presents with pain in her lower back. All reports provided by [REDACTED] have no meaningful information. These reports state: "subjective complaints: see notes" "objective findings: see notes" and "diagnoses: see notes." The notes are not provided. According to utilization review letter dated 06/20/2014, the patient's primary diagnosis is lumbago. [REDACTED] requested for 6 visits of physical therapy for the patient's lumbar spine. The utilization review determination being challenged is dated on 06/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/09/2014 to 07/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy X 6, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)-on line version-Low Back Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page(s) 98-99.

**Decision rationale:** The injured worker presents with low back pain. This request is for 6 sessions of physical therapy. According to the utilization review denial letter on 06/20/2014, the patient has had some physical therapy in the recent past. Unfortunately, the provider's reports do not contain information regarding how the patient has responded to therapy or how the patient is currently doing. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the provider does not discuss treatment history or the patient's response to said treatment. MTUS page 8 requires that the provider provide monitoring and make appropriate recommendations. Without any report regarding the patient's progress, additional therapy cannot be considered. Therefore, this request is not medically necessary.