

<b>Case Number:</b>	CM14-0116953		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/13/2004
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 57 year-old male with the date of injury of 09/13/2004. The patient presents with pain in his lower back. No reports show any information regarding his lower back pain, including the treater's reports and utilization review letter. According to a report by [REDACTED], Nurse Practitioner on 07/01/2014, diagnostic impressions are: Injury to knee, leg or ankle; Statue Postsurgical ICD-9 V 45.89 - other post procedural statues; Myofascial pain; Lumbar discogenic syndrome. [REDACTED] N.P. requested physical therapy for the lumbar spine. The utilization review determination being challenged is dated on 07/10/2014. [REDACTED], N.P. is the requesting provider, and she provided treatment reports from 04/17/2014 to 07/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following Page(s): 98,99.

**Decision rationale:** The patient presents with low back pain. According to a report by [REDACTED], N.P. on 07/01/2014, the patient has had 6 sessions of physical therapy with some relief of pain. The patient's pain rate has dropped from 6.5 to 6. The treater's reports do not contain any information regarding therapy. 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 treater does not discuss treatment history, the patient's response and no meaningful information is provided. Furthermore, the treater does not mention how many sessions of physical therapy are being requested. MTUS page 8 requires that the treater provide monitoring and make appropriate recommendations. Recommendation is that the request is not medically necessary.