

<b>Case Number:</b>	CM14-0134711		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 44year old female with a work injury dated 6/3/13. The diagnoses include right sciatica, lumbar spine sprain. Under consideration is a request for physical therapy x 6 lumbar. There is a primary treating physician report dated 2/27/14 that states that the patient come in for a follow up on her low back. She had 6 sessions of therapy more than 8 months ago. She states she wants more therapy rather than injections. She does go to the gym but has increased pain when she bends. On exam she has left and right lumbar spine tenderness. The lumbar MRI reveals a small herniated nucleus pulposus at L4-5 centrally. The treatment plan includes starting physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x6 Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** Physical Therapy x6 Lumbar is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that patient has had prior physical therapy for the low back without evidence of significant functional improvement. The patient should be knowledgeable in a home exercise program. The request for physical therapy x 6 is not medically necessary.