

<b>Case Number:</b>	CM14-0139765		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 46 year old with an injury date on 6/30/12. Patient complains of cervical pain and lower lumbar pain per 7/10/14 report. The patient's treatment plan is to do physical therapy for the lumbar spine, and take Motrin per 7/10/14 report. Based on the 7/10/14 progress report provided by [REDACTED] the diagnoses are: 2mm bulging disc C3-4, C4-5, C5-6; 2mm bulging disc L3-4, L4-5, L5-S1. Exam on 7/10/14 showed "L-spine has moderately restricted range of motion with 40 degrees of flexion, 10 degrees of extension. Negative straight leg raise." [REDACTED] is requesting physical therapy 2x a week for 4 weeks for spine. The utilization review determination being challenged is dated 7/29/14 and denies request due to 26 physical therapy sessions to date. [REDACTED] is the requesting provider, and he provided a single treatment report from 7/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2 X A WEEK FOR 4 WEEKS FOR LSPINE:** Overturned

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

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

**Decision rationale:** This patient presents with neck pain, and lower back pain. The treating physician has asked for physical therapy 2x a week for 4 weeks for spine on 7/10/14. The utilization review letter dated 7/29/14 states patient had 26 sessions of physical therapy for an unspecified body part, but the most recent physical therapy notes were dated from 2013 (1/21/13 to 12/5/13). MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has not had any recent physical therapy for the lumbar, and has ongoing chronic back pain. The requested 8 sessions of physical therapy for the L-spine appears reasonable and within MTUS guidelines for this type of condition. Recommendation is that the request is medically necessary.