

<b>Case Number:</b>	CM14-0157686		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 39 year old male with an injury date on 09/19/13. Based on the 08/01/14 progress report provided by [REDACTED], the patient complains of lower back pain rated 7/10 with medications. Physical examination to the lumbar spine revealed tenderness and spasm, and decreased range of motion. Patient is to return to regular work on 09/16/14. Progress report dated 05/28/14 states authorization is requested for physical therapy, chiropractic treatment and acupuncture. Diagnosis 08/01/14: - Lumbar disc with radiculopathy- Lumbar facet syndrome- Lumbar radiculopathy- Lumbar sprain/strain- Lumbar myalgia and myositis- Insomnia [REDACTED] is requesting physical therapy 2 x per week x 4 weeks for the lumbar spine. The utilization review determination being challenged is dated 09/03/14. The rationale is: This patient completed 6 session of prior PT and the outcome of this intervention from an objective standpoint with respect to changes in range of motion strength or functional activity tolerance was not specified to support this request at this time. [REDACTED] is the requesting provider, and he provided treatment reports from 05/28/14 to 08/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x per week x4 weeks, Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy (PT)

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

**Decision rationale:** The patient presents with lower back pain rated 7/10 with medications. The request is for physical therapy 2x per week x4 weeks for the lumbar spine. His diagnosis dated 08/01/14 includes lumbar myalgia and myositis. The MTUS pg. 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The MTUS guidelines pages 98, 99 states for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In review of reports, there is no mention of prior physical therapy being provided. Given patient's symptoms and diagnosis, the request for 8 visits appears reasonable. However, per utilization review letter dated 09/03/14, this patient completed 6 sessions of prior physical therapy. There is no mention of functional benefits or improvement documented. Furthermore, the current request would exceed what is allowed by MTUS. The request is not medically necessary.