

<b>Case Number:</b>	CM14-0166586		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 & 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 34-year-old male with a date of injury of 11/01/2011. The listed diagnoses per [REDACTED] are: 1. Lumbago. 2. Sprain/strain lumbar region. 3. Lumbar syndrome. 4. Sprain/strain thoracic region. According to progress report 09/12/2014, the patient presents with continued low back pain greater on the right side. The patient states that he has not attended physical therapy because of transportation issues. He is currently working with some modifications. Examination revealed "Sciatic stress test right - lower back pain. Tender paralumbar region. No distal motor weakness." Treatment plan includes physical therapy 2 times per week for 2 weeks and medications. Utilization review denied the request on 09/25/2014. Treatment reports from 04/02/2014 through 09/12/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 2 to the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

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

**Decision rationale:** This patient presents with continued low back pain, right greater than left. Treater is requesting physical therapy 2 x 2 to the lumbar spine. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not include any physical therapy treatment reports. Review of QME report 09/09/2014 indicates the patient started physical therapy in 2011. Report 04/02/2014 indicates the patient "has not had any additional physical therapy sessions." Report 05/05/2014 recommends that the patient start physical therapy 2 times a week for 8 weeks. On 06/23/2014, treater recommended patient continues with home exercise program. On 09/12/2014, treater requested additional physical therapy 2 times per week, for 2 weeks. In this case, it is unclear as to how many sessions the patient has received thus far. The medical file provided for review does indicate that the patient has been participating in physical therapy since 2011. The treater provides no discussion regarding flareup, new injury, new surgery, or new diagnosis that can substantiate the request for continuation of physical therapy. Furthermore, report 06/23/2014 indicates the patient is participating in a home exercise program. The treater does not discuss why formal therapy is being requested at this time. The request is not medically necessary.