

<b>Case Number:</b>	CM14-0168196		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	02/15/2014
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 43 year-old female with the date of injury of 02/15/2014. The patient presents with pain in her lower back, radiating down her legs. The patient rates his pain as 7/10 on the pain scale. The patient presents limited range of lumbar motion. Her lumbar flexion is 60 degrees, extension is 50 degrees and lateral bending is 40 degrees. Examination reveals positive straight leg rising. MRI from 06/03/2014 reveals small protrusion on L3-4, L4-5 and L5-S1. The patient is temporarily totally disabled. According to [REDACTED] report on 09/03/2014, diagnostic impressions are: 1) Multilevel lumbar disc protrusions 2) Left lumbar radicular pain The utilization review determination being challenged is dated on 10/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/13/2014 to 09/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 xs per week x 4 weeks to the lower back:** Upheld

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

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

**Decision rationale:** The patient presents with pain and weakness in her lower back and legs. The request is for 12 sessions of physical therapy for the lower back. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The utilization review letter on 10/01/2014 indicates that the patient has had therapy in the past. In this case the provider has asked for therapy but does not discuss treatment history, how the patient responded to treatments or how many times the patient has had therapy, and what can be accomplished with therapy. Furthermore, the current request for 12 sessions exceeds what is recommended per MTUS guidelines. Therefore, the request for physical therapy 3 xs per week x 4 weeks to the lower back is not medically necessary and appropriate.