

<b>Case Number:</b>	CM14-0168485		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	05/18/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/26/2014
<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 & 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 51 year old female with an injury date on 05/18/2014. Based on the 09/18/2014 missing the first 4 pages progress report provided by [REDACTED], the diagnoses are: 1. Lumbar disc disease 2. Lumbar radiculopathy. 3. Lumbar facet syndrome Physical exam reveals an individual with an antalgic gait on the right. Heel-toe walk exacerbates that pain. Tenderness is noted at the lumbar paraspinal muscles and L3-S1 facet joints. Kemp's test and Farfan test are positive bilaterally. Lumbar range of motion is restricted. The 09/24/2014 report indicates the patient complains of pain involving the low back to the bilateral legs to the calves with tingling. Pain is rated as a 7/10. There were no other significant findings noted on this report. The utilization review denied the request on 09/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/19/2014 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 2x week for 4 weeks to the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

**Decision rationale:** According to the 09/18/2014 report by [REDACTED] this patient presents with low back pain with an antalgic gait on the right. The treater is requesting physical therapy 2 times per week for 4 weeks to the low back. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the 08/20/2014 report shows the patient "had physical therapy and chiropractic therapy without relief. "The treater does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 98 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, given that the patient has had physical therapy recently, the requested 8 additional sessions exceed what is allowed per MTUS. MTUS recommends transitioning into home program. This request is not medically necessary.