

<b>Case Number:</b>	CM14-0169119		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/03/2014
<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 Occupational Medicine 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:

This patient is a 52 years old male who has developed persistent low back pain subsequent to an injury dated 11/26/13. He has been diagnosed with a persistent right sided S 1 radiculitis. His MRI shows wide spread spondylosis with foraminal stenosis at several levels. Electrodiagnostic testing revealed a chronic right S1 radiculopathy and his pain is reported to be into the right extremity. He had completed 5 sessions of physical therapy with out much changes when an additional 12 sessions was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for The Low Back 2 Times A Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy Page(s): 98-99.

**MAXIMUS 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

**Decision rationale:** MTUS Guidelines recommend up to 10 sessions of physical therapy for persistent neuritic pain. This is consistent with ODG Guidelines that recommends up to 10 sessions for low back degenerative disc disease with a radiculitic component. Additional therapy

has not been shown to provide additional benefits and a home exercise program should be matured by that time. This patient has completed 5 sessions with an additional 12 sessions requested. There are no unusual circumstances to justify significantly exceeding Guideline recommendations. The request for physical therapy 2/wk for 6 wks is not medically necessary.