

<b>Case Number:</b>	CM14-0184058		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 32-year-old male with a date of injury of 07/22/2013. According to progress report, 10/21/2014, the patient presents with frequent low back pain and stiffness with emphasis to the left side. The pain occasionally travels down the left hip and thigh. Treating physician states patient's pain is reduced with rest and activity modification. Acupuncture and chiropractic adjustments have also helped his pain. Examination revealed Yeoman's and iliac compression revealed pain on the left side. Straight leg raise was positive on the left side at 60 degrees. The listed diagnoses are: 1. Thoracic sprain/strain; 2. Lumbar sprain/strain; 3. Lumbar radiculopathy; 4. Possible lumbar disk herniation; 5. Left hip/pelvis pain; 6. Myalgia, myositis, unspecified; 7. Spasm of muscle; 8. Unspecified sleep disorder. Treating physician is requesting authorization for "additional physical therapy 2 times 3 with PT/RN through Align network." The patient states improvement with recent PT. Utilization review denied the request on 10/28/2014. The medical file provided for review includes 1 treatment report from 10/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lower back, twice weekly for three weeks:** Upheld

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

**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 and left hip pain. The treating physician is requesting additional physical therapy for the lower back, twice weekly for 3 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes 1 progress report from 10/21/2014 and does not indicate the number of prior PT treatments and the results. A Utilization Review from 10/28/2014 states that the patient has been "certified with 24 physical therapy visits." In this case, the treating physician's request for 6 additional treatments exceeds what is recommended by MTUS. Furthermore, the treating physician does not provide a discussion as to why the patient would not be able to transition into a self-directed home exercise program. Recommendation is that the request is not medically necessary.