

<b>Case Number:</b>	CM14-0020581		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Family 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 injured worker's date of injury is 6/3/12. The patient is being treated for chronic low back pain. The patient has had lumbar laminectomy and fusion. The patient has had 41 sessions of physical therapy for her back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS (12 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

**Decision rationale:** The treating physician reports in his office visit report on 12/12/13 that the patient continues to have low back pain with sciatica. On exam the patient has reduced range of motion of the lumbar spine, normal muscle strength and tone, a normal neuromuscular exam on both lower extremities, and no sensory losses. There is no documentation in the medical reports of any new functional deficits that might respond to physical therapy. The medical reports indicate that this patient has already had 41 physical therapy sessions without benefit. Based on

the medical documentation presented in this case, the request for additional physical therapy is not medically necessary.