

<b>Case Number:</b>	CM14-0026679		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and is licensed to practice in Illinois. 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 injured worker is a 20 year old female who reported an injury on 09/09/2013 due to cumulative trauma. On 01/31/2014 she reported moderate to severe pain. An assessment revealed that her pain had increased, pain with straight leg raise especially the left, and there was no change in strength or active range of motion. An MRI of the lumbar spine performed on 09/26/2013 revealed a mild broad based disc protrusion at L5-S1. Her diagnoses included L5-S1 disc protrusion. Medications as of 02/21/2014 included oxycodone/acetaminophen (Percocet) and Etodolac (Lodine po). The treatment plan was for physical therapy 2 times a week for 3 weeks to the lumbar spine. The request for authorization for was signed on 01/31/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES PER WEEK X 3 WEEKS LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for physical therapy 2 times a week for 3 weeks to the lumbar spine is not medically necessary. The injured worker was noted to have attended physical therapy for 14 visits. Per California MTUS, physical medicine guidelines are listed as: 9-10 visits over 8 weeks for myalgia and myositis unspecified, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. Frequency of treatment should be faded along with active self-directed home physical medicine. It is recommended and expected continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker has exhausted the recommended visits for physical therapy and there are no reports of her continuing with self-directed physical medicine at home. In addition, the documentation provided lacks documentation of functional improvements needed to warrant additional sessions. Given the above, the request is not medically necessary.