

<b>Case Number:</b>	CM14-0027574		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 30year old male with an injury date on 08/20/2012. Based on the 01/29/2014 progress report provided by [REDACTED], the patient presents with low back pain. The diagnoses are: 1. Lumbar Degenerative Disc Disease L4-L5 and L5-S1. Exam on 01/29/2014, showed back tightness with straight leg raise and back stiffness when change position from standing to sitting. [REDACTED] is requesting additional physical therapy sessions, 2 times a week for 6 weeks for the lumbar spine. The utilization review determination being challenged is dated 02/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/04/2013 to 01/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY SESSIONS TWO TIMES A WEEK FOR SIX WEEKS TOTAL TWELVE SESSIONS, FOR THE LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** This patient presents with low back pain. The treater has asked for additional 12 sessions of therapy stating, "He reports significant decrease in back pain and increased flexibility" and "less frequent pain radiating from the back to the legs." Review of the report shows that the patient has completed 11 out of 12 sessions of physical therapy. The patient reports improvement in pain level with activities. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. The treater does not mention why additional therapy is needed other than to continue therapy based on the patient's complaints. The patient is improving and should be able to transition into a home exercise program. Given that the patient already had adequate therapy, recommendation is for denial.