

<b>Case Number:</b>	CM14-0027650		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/11/2014
<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 Pain Management 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 47 year old with an injury date on 2/5/13. Based on the 1/23/14 progress report provided by [REDACTED] the diagnoses are: 1. disc annular tear at L5-S1 with moderate to severe discogenic low back pain. 2. discogenic lower back pain with radiculitis. Exam on 1/23/14 showed "L-spine has tenderness to palpation in sciatic notch on right. L-spine range of motion significantly diminished to 50% of normal in flexion/extension. Straight leg raise test slightly positive on right." [REDACTED] is requesting 12 physical therapy sessions for the lumbar spine (3x per week for 4 weeks). The utilization review determination being challenged is dated 2/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/5/13 to 1/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE (THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS): 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 Guidelines Page(s): 98, 99.

**Decision rationale:** This patient presents with lower back pain radiating to buttocks and bilateral legs. The provider has asked 12 physical therapy sessions for the lumbar spine (3x per week for 4 weeks) on 1/23/14. Review of the report shows no history of surgery, and no recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgia's and neuralgias. In this case, the provider has asked for 12 physical therapy sessions for the L-spine which exceeds MTUS guidelines for this type of condition. Given the lack of any therapy treatments in the recent past a short course of 8-10 sessions may be supported by MTUS but not the requested 12 sessions. Recommendation is for denial.