

<b>Case Number:</b>	CM14-0032577		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 48 year old male who reported a low back injury 03/13/2013 of an unknown mechanism of injury. The submitted documentation recorded that the claimant previously had 21 sessions of physical therapy. Clinical notes on 01/16/2014 reported low back pain 5/10, lumbar active range of motion with extension 20, flexion 40, left lateral bending 25, right lateral bending 25, and has a positive Kemp's bilaterally and positive straight leg test on the left. However, the official EMG on 10/14/2013 showed an unremarkable study with negative electrophysiological evidence of lumbosacral radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1 X WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical therapy for unspecified myalgia and myositis at 9-10 visits over 8 weeks and physical therapy for unspecified neuralgia, neuritis, or radiculitis at 8-10 visits over 4 weeks.

The submitted documents reported 21 sessions already completed and exceeds the limit recommended and deems the request medically excessive without extenuating circumstances. The request for physical therapy once a week for four weeks for the lumbar spine is not medically necessary and appropriate.