

<b>Case Number:</b>	CM14-0033989		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 & 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 39-year-old male with date of injury of 10/16/2012. The listed diagnoses per [REDACTED] dated 02/19/2014 are radiculitis of the thoracic/lumbar spine. According to this report, the patient complains of low back pain. He states that he feels a lot better now. He also states that he has completed physical therapy, which is helping. The physical exam shows the patient is well-nourished, well-developed, in no apparent distress. Gait is antalgic on the left but not broad-based. The patient is able to heel and toe walk normally. The sciatic notch is tender on the right but nontender on the left. The lumbar active range of motion is normal with no limiting factors. The utilization review denied the request on 03/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue PT 3 x 4 to low back to include traction.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Physical Medicine.

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

**Decision rationale:** This patient presents with low back pain. The treater is requesting 12 physical therapy sessions for the low back to include traction. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any recent physical therapy reports to verify how many treatments the patient received and with what results. However, the progress report dated 03/31/2014, notes that the patient received 12 physical therapy visits in late 2013 and early 2014 with benefit. None of the reports document new trauma or exacerbations. In this case, while the patient reports benefit while utilizing physical therapy, the requested 12 visits in combination with the previous 12 that the patient received recently would exceed MTUS recommendations. The request is not medically necessary.