

<b>Case Number:</b>	CM14-0035620		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 and is licensed to practice in Nevada. 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 37 year-old male injured on 1/11/2012. The mechanism of injury is noted as work related injuries while doing manual labor. The most recent progress note, dated 2/25/2014 indicates that there are ongoing complaints of low back and right leg pain. The physical examination demonstrated lumbar spine limited range of motion due to pain. Straight leg raise is positive bilaterally at 40. Lasegue signs are noted bilaterally. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, epidural steroid injections, and medications such as Percocet. A request had been made for physical therapy of the lumbar spine and was not certified in the pre-authorization process 3/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. The claimant

has multiple chronic complaints to include low back pain and bilateral leg pain. The review of the available medical records fails to demonstrate an improvement in pain or function from previous physical therapy sessions. With the absence of clinical documentation to support the necessity of additional visits, this request is deemed not medically necessary.