

<b>Case Number:</b>	CM14-0036254		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/20/1996
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Orthopedic Surgery 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 injured worker is a 54 year-old male who was reportedly injured on 8/20/1996. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 1/27/2014, indicated that there were ongoing complaints of neck pain, low back pain, head pain, and bilateral lower extremity pain. The physical examination demonstrated bilateral lower extremities normal muscle strength and sensation to find touch and decreased reflexes bilaterally. Lumbar spine was limited range of motion, pain with extension, oblique extension, and flexion. There was tenderness to palpation of the lumbar paraspinal muscles. No recent diagnostic studies were available for review. Previous treatment included medications such as Gabapentin, Cymbalta, Norco and Fentanyl. A request had been made for physical therapy to the lumbar spine (unknown frequency/duration) with evaluation, as outpatient and was not certified in the pre-authorization process on 3/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown physical therapy to the lumbar spine (unknown frequency/duration) with evaluation, as outpatient.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. After review of the medical records provided, it was noted the 54-year-old injured worker does have chronic low back pain from the work related injuries sustained in 1996. However, based on the clinical documentation provided, the treating physician did not provide any information concerning previous outcomes of physical therapy, which showed a decrease in pain or increase in functional improvement. As such, the requested physical therapy to the lumbar spine with evaluation as outpatient is not medically necessary and appropriate.