

<b>Case Number:</b>	CM14-0037984		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Interventional Spine 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 patient is a 56-year-old female with an injury date of 03/11/13. Based on the 03/14/14 progress report provided by [REDACTED], the patient complains of pain in her lower back and lower extremities. She has tenderness on her lower lumbar and she tested positive for her straight leg raise on the left side. The patient's diagnoses include the following: lateral herniation L3-4, left and early degenerative spondylolisthesis L3-4. [REDACTED] is requesting for physical therapy 2 x 4 for the lumbar spine. The utilization review determination being challenged is dated 03/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/19/13- 06/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, 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:** According to the 03/14/14 report by [REDACTED], the patient presents with pain in her lower back and lower extremities. The request is for physical therapy 2 x 4 for the lumbar spine. The 03/14/14 report states that the patient "Has participated in physical therapy which helped with symptoms." It is unknown how many sessions of physical therapy the patient has had total and the impact the therapy had on the patient. There is no documentation of what is to be accomplished with additional therapy. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater does not mention the total number of physical therapy sessions the patient has had, nor does he mention how the therapy specifically benefitted the patient. Due to lack of documentation, recommendation is that of non-medical necessity.