

<b>Case Number:</b>	CM14-0044085		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and is licensed to practice in Illinois. 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 40-year-old female who reported an injury on 08/08/2011. The mechanism of injury was not specifically stated. The current diagnosis is lumbar herniated disc. The injured worker was evaluated on 03/06/2014 with ongoing lower back pain. It was noted that the injured worker was 6 and a half months status post L5 revision laminectomy on 08/19/2013. The injured worker completed 16 sessions of physical therapy. It was noted that the injured worker was also currently utilizing ice, heat, and massage. The current medication regimen includes naproxen sodium 550 mg, Gabapentin 300 mg, and Norco 10/325 mg. a physical examination revealed full strength and sensation in the bilateral lower extremities, positive straight leg raising, and a non-antalgic gait. The treatment recommendations at that time included authorization for additional physical therapy and a continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no frequency or total duration of treatment listed in the current request. Therefore, the request is not medically appropriate. As such, the request is not medically necessary.