

<b>Case Number:</b>	CM14-0045583		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Family Practice, and is licensed to practice in Texas. 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:

This is a 61-year-old female with a date of injury of 09/16/2008, and the mechanism of injury occurred while pushing a heavy piece of equipment. Diagnoses as of 03/07/2014 were status post lumbar fusion and status post gastric bypass, along with hypertension. On follow-up examination of 02/05/2014, the injured worker reported increased pain in the left low back and down the left lower extremity, as well as buttock pain on the left extending to the left groin. The injured worker also reported constant ankle and foot pain. The injured worker reportedly has had 6 initial visits of acupuncture with good effect as evidenced by decreased pain, an increase in function, and decrease in medications. The injured worker also reportedly was to restart a home exercise program and, overall, the injured worker has reported an 80% improvement since beginning pain management treatment. On physical exam, objective findings found cranial nerves 2 through 12 grossly intact. A Request for Authorization was received on 03/07/2014 with a request for physical therapy for the low back 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY FOR THE LOW BACK 2 TIMES A WEEK FOR 4 WEEKS:**

Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis. The documentation submitted for review indicated the injured worker completed 6 initial visits of acupuncture with overall functional improvement at 80% as evidenced by increase in function, decrease in use of medications, and decrease in pain, and the injured worker was to restart a home exercise program. The guidelines would not support the request due to a lack of identified functional and objective impairments as well as evidence that there has been compliance and benefit from a home exercise program. Therefore, the request for physical therapy for the low back 2 times a week for 4 weeks is not medically necessary or appropriate.