

<b>Case Number:</b>	CM14-0050775		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/25/2002
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 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:

This patient is a 44 year old male with an injury date of 11/25/02. In the 01/24/14 progress report provided by [REDACTED], this patient complains of continued pain in the lower back and a new 1 month history of left groin pain when the left leg is elevated without assistance. This patient also complains of 9/10 lumbar back pain and left groin pain of 10/10, when it occurs. This patient reports having positive bilateral feet that fall asleep with prolonged sitting, and positive parasthesias in bilateral legs/feet while driving; also, he has been without medications for 2 months. [REDACTED] reports the patient continues to have neuropathic symptoms and pain radiation due to lumbar disc disorders. This patient's diagnoses include: 1) Displacement of lumbar intervertebral disc without myel. 2) Lumbago. 3) Sciatica. 4) Thoracic or lumbosacral neuritis or radiculitis, unspecified. The utilization review being challenged is dated 03/04/14. [REDACTED] is the requesting provider and he has provided six treatment reports from 09/16/13 - 02/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy for the Lumbar Spine, 2 visits a week for 4 weeks as Outpatient:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -

[https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders.](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders)

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

**Decision rationale:** This patient presents with low back pain, neuropathic leg symptoms and compensatory hip/leg, shoulder pains from holding himself up when sitting. The request is for 8 physical therapy for the lumbar spine, 2 visits a week for 4 weeks. as outpatient. For therapy treatments MTUS guidelines pages 98-99 recommends 8-10 physical therapy visits for unspecified neuralgia, neuritis, and radiculitis. Review of the reports do not show a recent history of therapy treatments from 9/16/13 to 2/27/14 progress reports by [REDACTED]. Given the lack of any recent treatment history and the persistent patient's symptoms with functional limitations, the requested therapy sessions appear reasonable. Therefore, the request is medically necessary.