

<b>Case Number:</b>	CM14-0078034		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/30/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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, has a subspecialty in Sports Medicine 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 41-year-old female who reported an injury on 10/30/2010. The mechanism of injury was not specifically stated. Current diagnoses include lumbar disc disease, lumbar radiculopathy and lumbar posterior annular tear of the intervertebral disc. The latest Physician's Progress Report submitted for this review is documented on 12/18/2013. The injured worker presented with complaints of lower back pain rated at 7/10. The physical examination revealed a wide-based gait, diffuse tenderness to palpation, moderate facet tenderness, positive sacroiliac tenderness, positive Patrick's testing, positive sacroiliac thrust testing, positive Yeoman's testing, positive Kemp's testing, positive straight leg raise, positive Farfan testing, limited lumbar range of motion, intact sensation and 5/5 motor strength. Treatment recommendations at that time included lumbar medial branch nerve blocks at L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy #9 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

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