

<b>Case Number:</b>	CM14-0083124		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Nevada. 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 records presented for review indicate that this 31-year-old female was reportedly injured on September 4, 2013. The mechanism of injury was noted as lifting a plant from a floor onto a rack. The most recent progress note dated on May 12, 2014 indicated there were ongoing complaints of mid and low back pain radiating to the right lower extremity. The physical examination demonstrated full lumbar spine range of motion with pain. There was patchy sensory loss diffusely throughout the right leg in a non-dermatomal distribution. There was also tenderness along the lumbar paraspinal muscles as well as trigger points. Diagnostic imaging studies reported a left paracentral disc protrusion at L5-S1. Lower extremity nerve conduction studies revealed bilateral cervical and superficial peroneal neuropathies of uncertain significance. Previous treatment included physical therapy, home exercise program, and oral medications. A request made for therapy, track I, SpineOne program was not certified in the pre-authorization process on May 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapy: Track I: SpineOne Programs Los Gatos, for lumbar spine Qty: 1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic, Physical Therapy.

**Decision rationale:** According to the medical record, the injured employee has already participated twelve sessions of physical therapy for her lumbar spine. Per the Official Disability Guidelines, ten visits of therapy over eight weeks time are recommended for the lumbar sprains and strains. Without specific justification as to why additional therapy is needed, this request is not medically necessary.