

<b>Case Number:</b>	CM14-0084104		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Emergency Medicine 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:

The injured worker is a 44-year-old female who reported an injury due to repetitive trauma on 08/06/2012. On 07/19/2014, her diagnoses included lumbosacral radiculopathy, fibromyalgia/myositis, cervical radiculopathy, muscle spasms of the back, right piriformis syndrome, and myofascial pain syndrome. Her complaints included upper and lower back pain and right buttock pain. On 04/29/2013, it was noted that she had received physical therapy treatments in the past on unknown dates and an unknown number of sessions, but had gotten pain relief therefrom. It was also noted that, in 11/2012 and 12/2012, she had gotten additional relief with acupuncture and chiropractic treatments. On 07/29/2014, it was noted that she had gotten transient relief with an epidural steroid injection and significant relief of her right buttock pain with trigger point injections. On 05/23/2014, it was noted that she had benefitted in the past from aquatic therapy and a request was made for restarting aquatic therapy 2 times a week for 3 weeks. On 07/18/2014, the requested aquatic therapy had been approved. There was no rationale or Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12, Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

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

**Decision rationale:** The request for Physical Therapy x 12, Lumbar is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for neuralgia, neuritis, and radiculitis is 8 visits to 10 visits over 4 weeks. The requested 12 visits exceed the recommendations in the guidelines. Additionally, this worker had been approved for 6 visits of aqua therapy. Therefore, this request for Physical Therapy x 12, Lumbar is not medically necessary.