

<b>Case Number:</b>	CM14-0088752		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/25/2002
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 & Rehabilitation 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 77-year-old female who reported an injury on 10/25/2002. The mechanism of injury involved heavy lifting. The current diagnoses include musculoligamentous sprain of the lumbar spine with radiculitis and significant disc bulge at L4-5. The injured worker was evaluated on 04/14/2014. The injured worker reported constant lower back pain with numbness and tingling in the right lower extremity. The current medication regimen includes meloxicam, tramadol, nizatidine, and cyclobenzaprine. Physical examination revealed tenderness over the posterior superior iliac spine bilaterally. Treatment recommendations included continuation of the current medication regimen and physical therapy twice per week for 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 (12 Visits) for Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Web-Based Version, Physical Therapy.

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9-10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, radiculitis includes 8-10 visits over 4 weeks. The current request for 12 sessions of physical therapy exceeds Guideline recommendations. It is also noted that the injured worker has been previously treated with physical therapy. However, there was no documentation of objective functional improvement following an initial course of physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.