

<b>Case Number:</b>	CM14-0166052		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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:

The patient is a 57 year old female with an injury date on 05/18/2012. Based on the 09/22/2014 progress report provided by the treating physician, the diagnoses are:1. Cervicalgia2. Lumbago3. ICI OTH&UNS NAT W/O OPN ICW UNS SOCAccording to this report, the patient complains of "continues to have flare-ups of headaches; she still has groin pain; she is unhappy that she is continuing to hurt." The patient also complains of "having pain in the right groin and stiffness, with prolonged sitting." Objective findings reveal positive Piriformis stretch on the right. Treatment plan is to continue with medications, request for 6 physical therapy sessions, neurology consultation, and continues with group sessions with a brain injury support group. There were no other significant findings noted on this report. The utilization review denied the request for 6 physical therapy visits for the lumbar spine on 10/02/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/14/2014 to 10/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical therapy visits for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99; 8.

**Decision rationale:** According to the 09/22/2014 report, this patient presents with pain and stiffness in the right groin and headaches. The current request is for 6 physical therapy visits for the lumbar spine. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records indicates the patient has not had physical therapy recently. The 04/14/2014, 05/19/2014, and 06/30/2014 reports indicates "physical therapy was not certified." If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician provided no discussion as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the current request is not medically necessary.