

<b>Case Number:</b>	CM14-0181459		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Occupational 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:

Patient is a 32 year-old male with date of injury 12/10/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/17/2014, lists subjective complaints as pain in the low back. Patient is status post L4-L5 microdiscectomy on 02/10/2014. Objective findings: Examination of the lumbar spine revealed range of motion was mildly decreased with pain at the range limits. Gait was normal. No other examination findings were documented by requesting provider. Diagnosis: 1. Status post left L4-L5 laminotomy and discectomy 2. Gastritis. The patient has completed 6 sessions of physical therapy and 6 sessions of acupuncture for the lumbar spine to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, 2x6 sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Therapeutic physical therapy for the low back is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of

objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The patient's physical exam shows improving functional capacity. I am reversing the previous utilization review decision. Physical therapy for the lumbar spine, 2x6 sessions are medically necessary.