

<b>Case Number:</b>	CM14-0191454		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Practice 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:

Claimant is a 48 year old female claimant sustained a work injury on 3/24/08 involving the low back. She was diagnosed with lumbar radiculopathy, sciatic, fasciitis, and chronic pain syndrome. The claimant had used oral and topical analgesics for pain control. She had undergone placement of an electrical nerve stimulator in September 2014 for intractable pain. A progress note on 10/22/14 indicated the claimant had back pain aggravated by daily activities. Exam findings were notable for decreased range of motion of the lumbar spine. The Achilles reflexes were decreased bilaterally. X-rays of the lumbar spine was unremarkable. The physician requested 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 week for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Physical Therapy Page(s): 98-99; 299.

**Decision rationale:** According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no

documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The MTUS guidelines limit most therapy related diagnosis to 8 visits. Consequently, 12 sessions of physical therapy sessions are not medically necessary.