

<b>Case Number:</b>	CM14-0195733		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/06/2007
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 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 46 yr. old male claimant sustained a work injury on 5/6/07 involving the low back. He was diagnosed with lumbosacral neuritis. A progress note of October 8, 2014 indicated the claimant had 8/10 pain. The symptoms were aggravated when he was bending, lifting, twisting, walking or standing. Exam findings were notable for paravertebral muscle tenderness, spasms and tingling in the lateral thigh and the L5 dermatome. The Physician requested an MRI of the lumbar spine, electrodiagnostic studies and 12 sessions of physical therapy. A similar exam finding and request for 12 sessions of physical therapy were made in May 2014. The amount of sessions of physical therapy actually completed is unknown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Times A Week for 6 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**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. Consequently, additional therapy sessions are not medically necessary. According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks. There was a prior order for 12 sessions of physical therapy. The amount completed is not known. Twelve sessions of physical therapy in addition to or exclusive of the prior 12 sessions exceeds the amount recommended by the guidelines. Therefore the request above is not medically necessary.