

<b>Case Number:</b>	CM14-0197263		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 61-year-old female who reported an injury on 10/08/2002 through 01/02/2008 due to cumulative trauma. Her diagnoses included degeneration of the lumbar or lumbosacral intervertebral disc, scoliosis and kyphoscoliosis, idiopathic, lumbago, and chronic low back pain. Her past treatments included physical therapy. The physical therapy note dated 09/12/2014 revealed the injured worker complained of low back pain. The assessment was noted as improved and a rehabilitation potential of good. On 11/13/2014, the injured worker complained of chronic low back pain rated 7/10 with associated pain in the thighs and bilateral groin, radiating beyond the thighs. The physical examination of the lumbar spine revealed her range of motion was noted with flexion at 85 degrees, extension at 5 degrees, bilateral side bending at 5 degrees, right rotation at 30 degrees, left rotation at 40 degrees, and deep tendon reflexes were 3+ at the bilateral patella. It was also noted she had a negative Babinski test, negative clonus test, and negative straight leg raise. The treatment plan was for Physical Therapy x12 to the Lumbar Spine to prevent further deterioration of pain and function. A Request for Authorization form was not submitted for review. Documentation regarding pertinent diagnostics, pertinent surgical and pertinent medication was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x12 to 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.

**Decision rationale:** The request for Physical Therapy X12 to the Lumbar Spine is not medically necessary. According to the California MTUS Guidelines, 8 to 10 visits of therapy are appropriate for neuralgia, neuritis, and radiculitis. The injured worker was noted to have chronic low back pain. The injured worker completed 70 physical therapy visits authorized to date, which exceed the guideline recommendation. The clinical documentation failed to provide evidence of objective functional improvements from the previous sessions. Based on the request exceeding the guideline recommendations and lack of evidence in regards to objective functional improvements from previous sessions, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.