

<b>Case Number:</b>	CM14-0041564		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/25/1996
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Medicine and is licensed to practice in New Jersey and New York. 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 62 year-old male who was injured on 7/25/96. He complains of lower back pain, hip and buttock pain, radiating to right lower extremity. He also complains of neck, right arm and wrist pain. On exam, he had a stiff cervical spine with limited range of motion, radicular pain from bending the C6-C7 nerve root, tender paracervical muscles, mild weakness in the right upper extremity, and slow reflexes. He had tender lumbosacral paraspinal muscle spasms and sacroiliac joints and tender right greater trochanter with normal strength of lower extremities. He was diagnosed with lumbago, chronic pain, flaring of left hip pain. His treatment included physical therapy, home exercise programs, TENS unit, and medications (Elavil, Soma, Voltaren gel, Celebrex, Thermacare, and Aleve). He does yoga and stretches at home. The request is for 6 physical therapy sessions for the lumbar spine over 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 6 sessions over 30 days Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8..

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

**Decision rationale:** According to the chart, the patient has had physical therapy and continues to do home exercise program, yoga, and stretching at home. The patient has back and hip pain with injury occurring in 1996. He had tender lumbar paraspinal muscles on exam, but otherwise, unremarkable lumbar exam. He had normal strength on exam. There were no deficits requiring a new round of physical therapy. There were no physical therapy notes included and it was unclear if the patient responded positively to the previous sessions of physical therapy. Therefore, the request is not medically necessary.