

<b>Case Number:</b>	CM14-0113241		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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:

This patient is a 58-year-old male who developed chronic low back pain subsequent to a lifting injury on 9/3/10. He is diagnosed with right L5 radiculopathy which has been electro-diagnostically confirmed. He has been treated with facet rhizotomies with short term success. He has also been treated with epidural injections, prior physical therapy and oral analgesics. It has been documented that he participates in a home exercise program. His VAS (visual analog scale) pain scores range from 5 to 7 out of 10. A request for 12 sessions of physical therapy was denied and is being reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy (PT), 2 x per week for 6 weeks,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** MTUS guidelines recommend limited physical therapy for chronic painful conditions. Guidelines recommend up to a total of 8-10 sessions as being adequate to treat chronic myofascial pain and/or neuritic pain. This patient has had a prior course of physical

therapy and apparently takes part in a home exercise program. Guidelines may support a few additional sessions but do not support the full request for an additional 12 sessions of therapy. There are no unusual circumstances to justify an exception to guideline recommendations. The request for physical therapy 2 x per week for 6 weeks is not medically necessary.