

<b>Case Number:</b>	CM14-0120151		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 31-year-old male who has submitted a claim for sprain and strain of the lumbosacral area associated with an industrial injury date of October 9, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of lumbar pain radiating to the bilateral buttocks to the right foot. Examination showed tenderness in the paraspinal muscles as well as decreased and painful range of motion. Treatment to date has included physical therapy, which consisted of electrical stimulation, deep massage and exercise. Utilization review from July 18, 2014 denied the request for Continued Physical Therapy because it mentioned that "more of the same treatment will not be expected to provide better clinical outcome."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Low Back

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, physical therapy is recommended for low back pain. The guidelines 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 recommended number of visits for myalgia and myositis is 9-10 over 8 weeks. In this case, the patient complains of low back pain and had previous physical therapy visits. The physician describes the patient's pain as exacerbations. However, the provided records do not indicate how many sessions of physical therapy the patient already had and whether there was a reduction in pain and functional improvement derived from these. Moreover, this current request did not mention the number of visits being requested and the body part to be targeted by the physical therapy. Therefore, the request for continued physical therapy is not medically necessary.