

<b>Case Number:</b>	CM14-0129655		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 42-year-old male with a date of injury of 12/01/2010. The listed diagnoses per [REDACTED] are: 1. Insomnia. 2. Lumbar intervertebral disk without myelopathy. 3. Gastroesophageal reflux disease. The medical file provided for review includes 1 progress report from 06/17/2014. According to this report, the patient presents with constant low back and midback pain which radiates to the bilateral legs and feet. He has weakness and numbness in the bilateral legs and rates the pain as 7/10 with medication and 9/10 without medication. Examination revealed decreased range of motion with tenderness to palpation over the bilateral lumbar paraspinal muscle consistent with spasm. Treater recommends continuation of conservative management for patient's complaints and recommends physical therapy 2 times a week for 6 weeks. Utilization review denied the request on 07/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x wk x 6 wks lumbar spine QTY:12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy guidelines Page(s): 98-99.

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

**Decision rationale:** This patient presents with low back with continued low back and mid-back pain which radiates to the bilateral legs and feet. The treater is requesting physical therapy sessions 2 times a week for 6 weeks to focus on range of motion, soft tissue modalities, core stretching and strengthening. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuralgia type symptoms 9 to 10 sessions over 8 weeks. The treater provides 1 progress report in the medical file. This report does not include treatment history. Utilization indicates the patient has received 27 physical therapy sessions to date. It is unclear when these sessions were received. In this case, the treater's request for 12 sessions exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.