

<b>Case Number:</b>	CM14-0133822		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 and Rehabilitation 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 injured worker is a 48-year-old man who sustained a low back injury on 5/13/09. The patient is status post lumbar surgery for lumbar radiculopathy. Examination is notable for tenderness in the lumbar paraspinal muscles, piriformis and bilateral hamstring muscles. There is notable limited lumbar flexion to 10 degrees and extension to 0 degrees. There is also mention of left pelvic asymmetry. He subsequently received lumbar epidural injections which improved his pain by more than 50%. Pain medication regimen included Norco and Flexeril. The medical records were reviewed. A request for physical therapy for 12 visits was requested on 6/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks, thoracic/lumbar spine, therapeutic QTY: 12:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines for the diagnosis of myalgias, up to 8-10 physical therapy sessions are recommended. The

request as stated exceeds the MTUS guidelines. Request for 12 physical therapy sessions is not medically necessary.

**Physical therapy 2 times a week, thoracic/lumbar, manual therapy QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines for the diagnosis of myalgias, up to 8-10 physical therapy sessions are recommended. The request as stated exceeds the MTUS guidelines. Request for 12 physical therapy sessions is not medically necessary.

**Physical therapy 2 times a week, thoracic/lumbar, iontophoresis QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines for the diagnosis of myalgias, up to 8-10 physical therapy sessions are recommended. The request as stated exceeds the MTUS guidelines. Request for 12 physical therapy sessions is not medically necessary.

**Physical therapy 2 times a week, thoracic/lumbar, electrical stimulation QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines for the diagnosis of myalgias, up to 8-10 physical therapy sessions are recommended. The request as stated exceeds the MTUS guidelines. Request for 12 physical therapy sessions is not medically necessary.

**Physical therapy 2 times a week, thoracic/lumbar, biofeedback QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to MTUS guidelines for the diagnosis of myalgias, up to 8-10 physical therapy sessions are recommended. The request as stated exceeds the MTUS guidelines. Request for 12 physical therapy sessions is not medically necessary.

**Physical therapy 2 times a week, thoracic/lumbar, infrared QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines for the diagnosis of myalgias, up to 8-10 physical therapy sessions are recommended. The request as stated exceeds the MTUS guidelines. Request for 12 physical therapy sessions is not medically necessary.

**Physical therapy 2 times a week, thoracic/lumbar, therapeutic exercise QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines for the diagnosis of myalgias, up to 8-10 physical therapy sessions are recommended. The request as stated exceeds the MTUS guidelines. Request for 12 physical therapy sessions is not medically necessary.

**Physical therapy 2 times a week, thoracic/lumbar, supplies and material QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines for the diagnosis of myalgias, up to 8-10 physical therapy sessions are recommended. The request as stated exceeds the MTUS guidelines. Request for 12 physical therapy sessions is not medically necessary.

