

<b>Case Number:</b>	CM14-0134717		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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, 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 46 years old male with an injury date on 02/19/2007. Based on the 07/30/2014 hand written progress report provided by his treater, the diagnosis is: 1. Left Sciatica. According to this report, the patient complains of "pain that radiates down to his legs today- still with spasms and tightness. Patient wants to go to therapy." Physical exam reveals "good heel toe walk, good Dr strength. ESLRS tender L5-S1 paraspinal muscle spasms (PSMS), no acute neuro changes, no gross instability." The 07/16/2014 report indicates patient "feels worse with activities and weather change, interferes with sleep, had enough." There were no other significant findings noted on this report. The utilization review denied the request on 08/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy - 18 treatments (lumbar):** Upheld

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

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

**Decision rationale:** According to the 07/30/2014 report by the treater, this patient presents with "pain that radiates down to his legs today- still with spasms and tightness." The treater is requesting physical therapy 18 treatments for the lumbar spine. The utilization review denial letter states "there are no significant functional deficits to indicate the need for physical therapy." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms, but there is no such discussion. The treater does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 18 sessions exceed what is allowed by MTUS guidelines. The request is not medically necessary.