

<b>Case Number:</b>	CM14-0139571		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 50-year-old male who reported injury on 09/18/2013 due to unspecified mechanism of injury. The diagnosis included lumbago. Prior treatments included physical therapy dated 01/27/2014 through 03/05/2014 for a total of 8 visits, a second course of physical therapy dated 04/09/2014 through 06/06/2014 for a total of 8 visits, and then again third course of physical therapy that included 2 visits out of the 12 visits, and along with medication. The medication was not provided in the documentation. No diagnostics were provided. The objective findings dated 07/15/2014 of the lumbar spine revealed palpable paravertebral muscle tenderness and spasms. Seated nerve root test was positive. Range of motion with standing flexion and extension were guarded and restricted. No clinical evidence of instability on exam was noted. Circulation of the lower extremities was full. Coordination and balance was intact. Sensation and strength were noted for tingling and numbness to the lateral thigh, anterolateral posterior leg as well as foot, L5 and S1 dermatomal patterns. The plan included 12 more sessions of physical therapy of the lumbar spine. The request for authorization dated 09/05/2014 was submitted with documentation.

### 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 for lumbar spine (3 x for 4 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Treatment in Workers' Compensation (TWC), Low Back Procedure Summary

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

**Decision rationale:** The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms, such as pain, inflammation and swelling as well as improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker has already completed 16 to 18 visits of physical therapy. The guidelines indicate 8 to 10 visits are warranted for treatment in the early phases of pain treatment. The request is for an additional 12 which exceeds the guidelines. The documentation did not indicate any special circumstances that warrant additional therapy. As such, the request is not medically necessary.