

<b>Case Number:</b>	CM14-0153394		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 40 year old female with a work injury dated 3/28/14. The diagnoses include lumbar sprain. Under consideration is a request for physical therapy times twelve. There is a primary treating physician report dated 8/21/14 that states that the patient has low back pain. She is getting physical therapy and this is helping somewhat. She will remain off work and continue physical therapy, Mobic and Soma. The physical exam reveals "tender." The diagnoses is lumbar sprain. The treatment plan states medications refilled; physical therapy (PT) twice a week for 6 weeks. A magnetic resonance imaging (MRI) Lumbar spine on 04/24/14 revealed L4-5 midline disc herniation and a minimal disc bulge at L3-4. L4-5, focal herniation at the midline with 7 mm AP dimension, no neural impingement. An orthopedic exam dated 7/14/14 states that the patient received 6 physical therapy sessions and 6 chiropractic sessions. She complains of lower back pain, occasionally radiates to legs. On exam there was tenderness along paralumbar muscles, bilaterally, some tenderness over the sacroiliac joints. There was decreased range of motion of the lumbar spine. Straight leg raise is negative bilaterally. Motor strength is 5/5 bilateral lower extremities. Sensory exam was normal in the bilateral lower extremities. Deep tendon reflexes 2+.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x12:** 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:** Physical therapy times twelve is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The guidelines only recommend up to 10 visits for this condition. The documentation indicates that the patient has had 12 visits already authorized. The request exceeds the recommended number of visits for this condition. The patient should be versed in a home exercise program. There are no extenuating circumstances requiring additional supervised therapy. Furthermore, the request does not specify a body part for the therapy. Physical therapy times twelve is not medically necessary.