

<b>Case Number:</b>	CM14-0154488		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family Medicine and is licensed to practice in Florida. 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 44-year-old male with a date of injury of 1/15/2014. The mechanism of injury is described as the patient having fallen off a ladder at a height of 9 feet. He has had chronic low back pain since. As of 7/8/2014 this patient was noted to be temporarily totally disabled. He has had 7 prior physical therapy sessions (although he has been approved for up to 18 sessions) and has been treated with medications. Documentation is somewhat limited. Now, an additional 12 physical therapy sessions is being requested. A utilization review physician did not certify this request. Likewise, an Independent Medical review was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine , 2 times a week for 6 weeks, QTY: 12 sessions:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

**Decision rationale:** In accordance with California MTUS guidelines 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. For myalgia and myositis 9-10 visits over 8 weeks is recommended. This patient however had already been approved for up to 18 sessions, and yet he has only completed 7 sessions. There is no documentation of whether or not this patient even benefited from his original treatments. There is no documentation of a home exercise program either. Still, another 12 sessions have been requested. This request is not medically necessary.