

<b>Case Number:</b>	CM14-0158561		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 52 year old with an injury date on 5/28/14. Patient complains of constant low lumbar pain rated 7-8/10 that radiates to buttocks area and back of thigh per 8/26/14 report. Patient also reports ongoing depression and anxiety per 8/26/14 report. Based on the 8/26/14 progress report provided by [REDACTED] the diagnoses are: 1. Status post lumbar spine and gluteal contusion 2. Complaints of moderate depression, anxiety Exam on 8/26/14 showed decreased L-spine range of motion. Muscle guarding/spasm present. Patient's treatment history includes physical therapy (effect not mentioned in reports) and medications (Prilosec, Motrin, Soma, and Vicodin). [REDACTED] is requesting physical therapy three times a week for six weeks to the lumbar spine. The utilization review determination being challenged is dated 9/4/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/2/14 to 8/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for six weeks to the lumbar spine:** 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 MTUS, physical therapy for various myalgias and neuralgias Page(s): pages 98,99.

**Decision rationale:** This patient presents with lower back pain, buttock pain, thigh pain. The provider has asked for physical therapy three times a week for six weeks to the lumbar spine on 8/26/14. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had 1 prior physical therapy session on 7/7/14. Given patient had only 1 recent physical therapy session, a course of up to 10 treatments would be indicated. The requested 18 sessions of physical therapy, however, exceeds MTUS guidelines for this type of condition. Such as, physical therapy three times a week for six weeks to the lumbar spine is not medically necessary.