

<b>Case Number:</b>	CM14-0164360		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Emergency Medicine, 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:

Patient with reported date of injury on 8/4/2013. No mechanism of injury was provided for review. Patient has a diagnosis of lumbar spine strain and radiculopathy. Medical reports reviewed. Last report available until 8/21/14. Patient is post lumbar L4-S1 median branch nerve block on 7/1/2014. Patient complains of low back pain. Pain improved since median nerve block. Pain reportedly 0/10. Objective exam reveals tenderness with decreased range of motion. ROM causes pain. Sensory exam was normal. Negative straight leg raise. No reasoning for physical therapy was noted. "Continue home exercise program", MRI of lumbar spine (1/15/14) was reportedly normal. Medication list include cyclobenzaprine and naproxen. Independent Medical Review is for Physical therapy 2 per week for 4weeks for lumbar spine. Prior UR on 9/17/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week for 4 weeks for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy

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

**Decision rationale:** As per MTUS Chronic pain guidelines, physical therapy may be recommended under certain criteria. For patient's pain, PT may be beneficial in improving pain and mobility. Lumbar block has reportedly improved pain significantly. There is no documented plan or rationale for physical therapy noted. There is no documented prior PT or response to PT. Pt reportedly was educated on a home exercise program. There is no justification or reasoning for physical therapy. Physical Therapy is not medically necessary.