

<b>Case Number:</b>	CM14-0099501		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/20/1986
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 66-year-old male was reportedly injured on May 20, 1986. The most recent progress note, dated July 16, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated positive straight leg raise, decreased range of motion of the lumbar spine, and a loss of sensation over the left foot. Diagnostic imaging studies were not reported in this narrative. Previous treatment included medications, physical therapy, and pain management interventions. A request had been made for additional physical therapy and was not certified in the pre-authorization process on June 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Appeal physical therapy visits 2 times per week for 4 weeks to the lumbar spine as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. However, when considering the date of injury, the injury sustained, and the metaphysical therapy order completed, there is no clinical indication presented to suggest that any other than a home exercise protocol would be appropriate at this time. The claimant has multiple chronic complaints and review of the available medical records fails to demonstrate an improvement in pain or function. Therefore, the medical necessity has not been established.