

<b>Case Number:</b>	CM13-0050468		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 46 year old male who suffered a work related injury when he was in a motor vehicle accident on 04/01/13. Per the physician notes from 09/17/13 hew complains of low back and right hip pain. Diagnoses include lumbar spine radiculopathy, lumbar spine sprain/strain with underlying disc herniation at L4-5 and L5-S1, and right hip sprain/strain. The recommended treatment was physical therapy to the lumbar spine and right hip as well as therapeutic massage to the lumbar spine. The physical therapy was denied by the Claims Administrator on 09/27/13 and was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 X WEEK X 6 WEEKS LUMBAR SPINE AND RIGHT HIP:**

Upheld

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

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

**Decision rationale:** The patient presents with unrated lower back and right hip pain. Patient is status post motor vehicle accident, has no documented surgical history directed at this complaint. The request is for PHYSICAL THERAPY 2X WK X 6 WKS LUMBAR SPINE AND RIGHT HIP. Physical examination 09/14/13 revealed tenderness to palpation to the mid-line lumbar spine and tenderness over the greater trochanter of the right hip. The patient's current medication regimen is not provided, though UR letter dated 09/27/14 indicates that the patient is prescribed Synthroid and Livalo. Patient's current work status is not provided. Diagnostic imaging included MRI of the lumbar spine, dated 05/14/13. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater is requesting 12 sessions of physical therapy for the management of this patient's continuing pain to her hip and lower back. While conservative therapies such as physical therapy are recommended first-line treatments for complaints such as this, the specified number of sessions exceeds guideline recommendations, which dictate only 10 sessions. Therefore, this request IS NOT medically necessary.