

<b>Case Number:</b>	CM14-0196064		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, 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 71-year-old male with date of injury of 08/22/2011. The listed diagnosis from 07/17/2014 is thoracic or lumbosacral neuritis or radiculitis, NOS. According to this report, the patient complains of chronic pain in his lumbar spine. The patient is status post lumbar spine surgery, date unknown. He is unable to attend aqua therapy due to the conflict of schedule. The examination shows spasms and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. The 10/16/2014 report shows exacerbation of his lumbar spine pain due to heavy lifting at work. He is now experiencing increased pain in the lumbar spine radiating to the bilateral lower extremities with pain, paresthesia and numbness. There is decreased sensation noted bilaterally in the L5 and S1 dermatomes with pain. The documents include progress reports from 05/22/2014 to 11/13/2014. The utilization review denied the request on 11/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physiotherapy sessions 3 times a week for 4 weeks of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting 12 physiotherapy sessions 3 times a week for 4 weeks of the lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any previous physical therapy reports to verify how many treatments the patient has received and with what results. The treater is requesting 12 additional sessions of physiotherapy to instruct the patient in a home exercise program. While additional sessions are appropriate to educate the patient in a home exercise program, the requested additional 12 sessions exceed the MTUS guidelines. The request is not medically necessary.