

<b>Case Number:</b>	CM13-0015434		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, 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 Physician 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 46 year old man with a date of injury of 2/25/13. At that time, the patient was working as a tow truck driver. The grass was wet and as he was getting into his truck, he slipped off the first step. He caught himself on the door and landed on his feet. He reported lumbar pain. He attended 6/6 sessions of physical therapy for a diagnosis of lumbar sprain. PT note dated 3/5/13 noted pain levels of 6/10. PT note dated 3/25/13 noted that the patient has completed 6 session and is the same. Lumbar spine MRI on 3/26/13 revealed the following impression: Multilevel degenerative changes which are exacerbated by epidural lipomatosis in the mid to lower lumbar spinal canal resulting in moderate to severe multilevel thecal sac narrowing, most significant at L4-5 and L5-S1. At L5-S1, moderate left neuroforaminal narrowing with possible compression of the exiting left L5 nerve root. The patient presented for orthopedic evaluation with [REDACTED] on 4/29/13. He was diagnosed with musculoligamentous sprain/strain lumbar spine, and possible lumbar disc herniation. The 4/29/13 report notes that the patient has had 6 sessions of PT with no benefit. [REDACTED] recommended a course of PT, which was initiated on 5/29/13. The 4th PT session was dated 6/8/13 at which time pain was rated 6-8/10 and patient remained out of work. [REDACTED] evaluated the patient on 7/1/13 at which time the patient complained of increased low back pain radiating into the buttocks. Examination revealed tenderness and decreased ROM. Additional PT 2x4 for the lumbar spine was recommended. The request for additional PT was denied by UR on 7/24/13 as the patient has maximized the PT guidelines with 10 sessions and there is little extra benefit from further extensive PT. The peer reviewer noted that the patient should finish the last 2 of their approved 12 PT sessions to allow for fading of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS TO THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Physical Therapy.

**Decision rationale:** The request for additional PT 2x4 for the lumbar spine is not medically necessary. The MTUS and ODG guidelines recommend up to 10 sessions of PT for this employee's condition. The employee had initially completed 6 sessions of PT without any benefit. On the 6 visit of the initial PT, the employee's pain was noted to be the same (6/10). The employee then attended another 4 sessions of PT, and on 6/8/13 pain was rated 6-8/10 and the employee had not returned to work. The employee has completed the number of PT sessions recommended by the guidelines, and in the absence of subjective and objective functional improvement, additional PT would not be medically necessary.