

<b>Case Number:</b>	CM13-0020897		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 34-year-old who reported injury on 10/22/2012. The mechanism of injury was noted to be the injured worker was bending forward, lifting light 9-ounce bags of salad, and suddenly complained of right flank pain. The examination of 01/18/2013, the injured worker's motor strength was 5/5 and the sensation was intact to all dermatomes. The physical examination of 08/05/2013 revealed the injured worker had complaints of low back pain with radicular pain down the right leg. On physical examination, the injured worker had decreased sensation on the right dermatomal distribution at the level of L4-S1, and there was weakness of the right ankle dorsiflexors and great toe extensor hallucis longus graded at 4/5. The injured worker had decreased range of motion in the lumbar spine. The injured worker's diagnoses were included lumbar spine discopathy and lumbar spine radiculitis. The treatment plan included an updated MRI of the lumbar spine, an EMG/NCV of the lower extremity to rule out radiculopathy, a short course of physical therapy for the lumbar spine, a pain management specialist and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X 3WKS, LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

**Decision rationale:** California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 8-10 visits for the treatment of neuralgia, neuritis, and radiculitis. The clinical documentation failed to provide documentation of the quantity of sessions previously attended and the injured worker's response to the sessions. There was a lack of documentation of function deficits to support the necessity for the treatment. The injured worker should be well-versed in a home exercise program, since the injury was reported in 2012. Given the above, the request for physical therapy 2xwk x 3wks, lumbar spine is not medically necessary.