

<b>Case Number:</b>	CM13-0031236		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 62-year-old male who reported an injury on 01/16/2013. The mechanism of injury was that the injured worker was lifting a client, lost his balance and fell to the floor injuring his back and leg. The documentation of 05/30/2013 revealed that the injured worker had undergone a course of conservative treatment with no significant improvement. The documentation of 07/15/2013 revealed that the injured worker had low back pain radiating to the left buttock, lateral and posterior thigh and the medial foot. The injured worker experienced some numbness along the medial foot. The pain was aggravated by standing and sitting for prolonged periods. The physical examination revealed that the injured worker had an antalgic gait and was unable to perform a heel walk or toe walk due to complaints of lower extremity pain with attempts. The injured worker was able to perform a heel raise and toe raise. The injured worker had tenderness throughout the lower lumbar spine to palpation. The injured worker had decreased range of motion. Neurologically, the right lower extremity had strength of 5/5. The left lower extremity was greater than or equal to 3+/5 throughout. The physician opined there was a question as in decreased effort versus weakness. The sensation was intact to light touch throughout the bilateral upper and lower extremities; however, the injured worker reported decreased sensation throughout the entire left lower extremity. The diagnosis was degenerative disc disease with lumbar spinal stenosis. The treatment plan included physical therapy; as it was indicated, the injured worker had never attempted physical therapy or conservative management and if these measures did not relieve the pain, there would be a consideration for a spinal epidural injection at L4-5 and L5-S1 on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (3) TIMES A WEEK FOR (6) WEEKS FOR THE LUMBAR:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS Guidelines indicate 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 for a maximum of 8 to 10 visits for the treatment of neuritis and radiculitis. The clinical documentation submitted for review indicated, as of 05/30/2013, the injured worker had undergone prior conservative care. There was lack of documentation indicating what that conservative treatment consisted of and the injured worker's objective benefit that was received. The documentation of 07/15/2013 indicated the injured worker had no prior conservative treatment. The clinical documentation indicated that the injured worker had decreased range of motion of the lumbar spine and decreased strenght of the left lower extremity. The request for 18 sessions would exceed guideline recommendation. Given the above and the lack of documentation of clarity, the request for physical therapy 3 times a week for 6 weeks for the lumbar is not medically necessary.