

<b>Case Number:</b>	CM13-0031897		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Internal Medicine and Pulmonary Diseases, 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 53-year-old male who reported an injury on 04/10/2013 with mechanism of injury being the patient had a fall. The patient's diagnosis was noted to be sprain of the lumbar region. The patient was noted to be treated with 8 sessions of physical therapy. The documentation dated 08/08/2013 revealed the patient had complaints of low back pain radiating to the hips and legs left greater than right and mid back pain. The examination of the thoracolumbar spine revealed moderate diffuse tenderness and spasms throughout the thoracolumbar spine. There was minimal motion and Waddell trunk rotation test was positive. The straight leg raise was markedly positive in the seated and supine positions bilaterally. Knee jerks and ankle jerks were symmetrical. Ankle jerks were 2+ on the right and 1+ on the left. The motor examination showed diffuse weakness in both lower extremities, left greater than right. The sensory examination showed diffuse numbness in both lower extremities, left greater than right. X-rays of the thoracolumbar spine including flexion and extension films were obtained and they showed moderate to severe degenerative disease at L1-3 with no instability. The patient had mild to moderate degenerative disc disease at L3-5 with no instability. The patient had facet arthritis at L5-S1 and L4-5 on the left. There was slight posterior positioning of L2-3 with no instability. The request was made for more physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Online version.

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

**Decision rationale:** The California MTUS Guidelines indicate physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the employee had 8 sessions of physical therapy. There was lack of documentation of the objective functional improvement with therapy. It was indicated the employee had decreased range of motion. However, there was lack of documentation of objective functional deficits to support the necessity for exceeding guidelines with additional therapy. Given the above, the request for 12 physical therapy sessions for the lumbar spine is not medically necessary.