

<b>Case Number:</b>	CM13-0040230		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Orthopedic Surgery and is licensed to practice in Montana, Tennessee, and 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 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 07/06/2012. The mechanism of injury was noted to be a large object that fell onto the patient's back. Prior treatments included medications and physical therapy. The patient underwent an MRI that revealed a large disc bulge at the L4-5 impinging the L4 nerve root and a disc bulge at the L5-S1 resulting in mild central canal stenosis. The patient's most recent clinical documentation indicates that the patient has failed to respond to physical therapy, lumbar injections, and chronic pain medications. Physical findings included motor strength described as 4-/5 for bilateral knee extension, diminished sensation to light touch in the anterior thigh and right anterior shin with tenderness to palpation of the lumbar spine with limited range of motion secondary to pain. The patient's diagnoses included lumbar disc herniation and lumbar radiculopathy. The patient's treatment plan included lumbar epidural steroid injections and surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 week x 3 weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

**Decision rationale:** The requested physical therapy 2 times a week for 3 weeks for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient failed to respond to prior physical therapy treatments. California Medical Treatment Utilization Schedule recommends patients are transitioned into a home exercise program to maintain improvement levels that were obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. As there is no documentation that the patient is participating in a home exercise program and prior therapy failed to resolve the patient's symptoms, additional physical therapy would not be indicated. As such, the requested physical therapy 2 times a week for 3 weeks for the lumbar spine is not medically necessary or appropriate.