

<b>Case Number:</b>	CM13-0040622		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/24/2005
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	10/17/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Preventative Medicine 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 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:

This 47 year old male claimant sustained a work injury on February 24, 2005 involving the low back. He was diagnosed with lumbar disc displacement, degeneration of the lumbar spine, and sciatica. An MRI of the lumbar spine in 2011 showed facet arthropathy and disc bulging in the lower lumbar spine. A progress note on August 23, 2013 indicated the claimant continued painful lumbar motion. Physical findings were notable for a positive straight leg raise on the left side. Range of motion was limited in the lumbar spine. At the time he was treated with topical analgesics and Ibuprofen. A recent progress in October 2013 indicated he remained on oral and topical analgesics. A subsequent request was made for 12 sessions of physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 SESSIONS OF PHYSICAL THERAPY TO THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** According to the MTUS guidelines, physical therapy is allowed for a fading of treatment frequency. For diagnoses involving radiculitis, therapy is recommended for 8 to 10 visits over four weeks. In this case prior amount of physical therapy is not known. The 12 sessions requested are greater than the amount recommended. Therefore the request above is not medically necessary and appropriate.