

<b>Case Number:</b>	CM13-0056420		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Occupational 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:

The patient is a 55-year-old female who has submitted a claim for sprain/strain of lumbar spine, lumbar disc bulge with radiculitis associated with an industrial injury date of 6/27/12. Medical records from 2013 were reviewed which revealed persistent lumbar pain which radiated down the right lower extremity. Pain scale was 5/10. She experienced weakness, numbness and tingling sensations in the right lower extremities. Tremors and twitches were noted on both lower extremities. Physical examination showed tenderness over the lumbar spine, right sacroiliac joint and right piriformis. She was unable to perform heel to toe walking. Bechterew and Sitting root tests were positive. Range of motion of lumbar spine were 70 degrees at flexion, 20 degrees at extension and 20 degrees at bilateral lateral flexion. MRI of lumbar spine dated 10/23/13 showed grade I spondylolisthesis of L4 on L5. Disc herniation noted at L4/L5, L5/S1 with disc space narrowing and IVF encroachment. The treatment to date has included 8 sessions of post epidural lumbar PT, lumbar epidural injections and chiropractic treatments. Medications taken were Flexeril, Ibuprofen and Relafen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIOTHERAPY 3XWK X 4 WKS LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Physical Therapy Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient had a total of 8 physical therapy sessions as mentioned on progress report dated September 16, 2013. There was mentioned increase in functional capacity because of physical therapy. However, there is no documentation regarding the necessity for additional physical therapy of the lumbar spine. In addition, patient should be well versed in a home exercise program by now. Therefore, the request for physiotherapy 3xwk x 4 wks lumbar spine is not medically necessary.