

<b>Case Number:</b>	CM13-0069233		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/28/2005
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 an employee of [REDACTED] who filed a claim of lower back pain associated with industrial injury date of 10/28/2005. Treatment to date includes lumbosacral MRI which showed bilateral L4, L5 and S1 pedicle screws observed with an L4-L5 fusion cage. Surgical procedure was done which was fusion of L4-S1 done with hardware injections dated 1/26/09 and hardware removal done dated 5/10/10. Bilateral posterior S1 transforaminal epidural steroid injections with intravenous sedation under fluoroscopy was done on 11/19/2013. Utilization review dated November 27, 2013 denied the request for physical therapy, 12 sessions of the lumbar spine. According to medical records, passive therapy can provide short term relief during the early phases of pain treatment. Patients are instructed and expected to continue active therapies at home. Patient had his injury 8 years ago and is well beyond the early phases of pain treatment therefore it was denied. Medical records from 2013 revealed continuous pain in lower back with a pain scale of 7-8/10. Lumbosacral examination showed pain with Valsalva maneuver, pain on palpation over the L5-S1 facet capsules on the left, pain on rotational extension indicative of facet capsular tears and secondary myofascial pain with triggering and ropey fibrotic banding. Lower extremity motor strength is 5/5 bilaterally, decreased light touch sensation in the L4-L5 dermatomes bilaterally. Straight leg raise testing is positive on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient has not had physical therapy for the acute exacerbation of the low back pain. However, it is unclear why the patient cannot perform independent exercise at home given the chronic history of the disease. In addition, the patient received an epidural steroid injection in November 2013 and the outcomes of this modality of treatment were not fully described. Therefore, the request of 12 sessions of physical therapy is not medically necessary.