

<b>Case Number:</b>	CM14-0002946		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in 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 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 injured worker is a 53 year old male with a reported date of injury of 06/05/2013. The mechanism of injury occurred when the injured worker fell off of a ladder onto his low back. The progress note dated 11/20/2013 reported the injured worker complained of leg pain and numbness. The injured worker had tenderness, decreased range of motion in the lumbar spine with spasms, and was neurologically within normal limits. The progress note dated 11/13/2013 listed the diagnoses as lumbago and lumbar radiculopathy. The injured worker rated his pain at 8.5/10 constant, worse with lifting, and better with rest. The injured workers medication regimen included Metformin, Metoprolol, Vicodin, Ibuprofen, Lasix, Flexeril, Aspirin, and Ranitidine. The progress noted dated 09/13/2013 reported the injured worker completed 6 physical therapy sessions with some improvement in low back pain and 6 sessions of acupuncture with improvement in pain. The injured worker reported the pain was lessened by acupuncture and chiropractic therapy. An MRI dated 08/13/2013 showed L5-S1 prominent facet arthropathy leading to mild left-sided foraminal narrowing. The progress note dated 07/02/2013 noted an assessment of lumbar spine range of motion revealed flexion was to the knee, extension was 20/30 degrees, lateral flexion to the left was 30/45 degrees, left lateral rotation was 30/30 degrees and right lateral rotation was 30/30 degrees. The progress note dated 08/14/2013 noted an assessment of lumbar spine range of motion revealed flexion was to the midtibia, extension was 25/30 degrees, left lateral flexion was 40/45 degrees and right lateral flexion was 45/45 degrees, left lateral rotation was 30/30 degrees, and right lateral rotation was 30/30 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY TO LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

**Decision rationale:** The injured worker underwent 6 sessions of physical therapy. The MTUS Chronic Pain Guidelines recommend 8-10 visits over 4 weeks for the injured worker's condition. There are functional improvements documented as well as functional goals. The MTUS Chronic Pain Guidelines recommend 8-10 visits over 4 weeks and the injured worker has received 6 sessions to date. However, the current request does not specify how many sessions are being requested. Therefore, the request is not medically necessary and appropriate.