

<b>Case Number:</b>	CM14-0009521		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 40-year-old female who reported an injury on July 7, 2013 due to an unknown mechanism. The clinical note dated December 13, 2013 indicated a diagnosis of sciatica. The injured worker reported lower back pain, and reported that her symptoms seemed to be getting worse. On physical exam, the injured worker's lumbar range of motion revealed lateral flexion on the right of 10 degrees and on the left it was 10 degrees. Extension on the right was 10 degrees and and flexion on the right was 30 degrees. The injured worker had decreased sensation in the lateral right leg. The injured worker had an MRI done on November 5, 2013. The injured worker does not feel ready to return to work. Prior treatment has included 10 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 3X4 FOR SCIATICA/LOW BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2 ND EDITION, CHAPTER 12 (LOW BACK COMPLAINTS), 298-303

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

**Decision rationale:** The California MTUS guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker completed 10 prior physical therapy sessions. The injured worker should progress to an independent home exercise program where she can focus on stretching, endurance and range of motion exercises. The current request exceeds guideline recommendations and there is a lack of efficacy provided from the prior therapy sessions to support additional sessions. The request is not medically necessary.