

<b>Case Number:</b>	CM14-0108002		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/21/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 05/21/2001. The prior treatments included physical therapy and chiropractic treatment. The documentation indicated that the injured worker had undergone an L3-4 fusion. The documentation of 04/17/2014 revealed the injured worker's muscle strength was 5/5 in all muscle groups. Special testing was within normal limits. There were no deformities or misalignment of the bones. The inspection of the lumbar spine revealed the examination was within normal limits. The range of motion was within normal limits for extension, flexion, and side bending. The sensory testing was within normal limits with the exception of the right plantar foot. The diagnoses included intervertebral disc with myelopathy of the lumbar region and lumbar radiculitis. The treatment plan included additional physical therapy for lumbar pain and spasm. The subsequent documentation of 07/09/2014 revealed the injured worker experienced low back pain with radiation into the right lower extremities. The injured worker indicated symptoms were improving with physical therapy including massage, conditional, electrical stimulation, and strengthening. Without physical therapy, it was documented the injured worker had regressed with pain and stiffness. The physical examination revealed the injured worker had limited range of motion in extension. The treatment plan included an EMG/NCV for the lumbar spine and lower extremities to assess for radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT to the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy: CA MTUS Page(s): 474.

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

**Decision rationale:** The California MTUS Guidelines recommend 8 to 10 treatments of physical therapy for the treatment of radiculopathy. The clinical documentation submitted for review indicated the injured worker underwent surgical intervention and postoperative physical therapy. The injured worker should be well versed in a home exercise program. Additionally, the request as submitted failed to indicate the quantity of sessions of physical therapy being requested. Given the above, the request for PT to the low back is not medically necessary.