

<b>Case Number:</b>	CM14-0012699		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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 53 year old male who was injured on 04/08/2013. He was trying to remove a large sprocket and as he was pushing down with all his weight the wrench became loose causing him to almost fall down but he had caught himself before doing so and strained his lower back. Prior treatment history has included physical therapy and according to UR report he has attended 30 sessions, TENS unit and he feel it is helping for his low back pain. His medications include Lidoderm Patch, Ibuprofen, Omeprazole, and Metazolone. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/17/2013 showed a 6 mm disc protrusion and annular tear at L5-S1 encroaching on both S1 nerves. There is arthritic end plate edema and mild bilateral neural foraminal stenosis at L5-S1. There are moderate degenerative changes at L5-S1 and L4-5. A progress report dated 01/13/2014 documented the patient with persistent low back pain which now radiates to the bilateral hips and he described his pain as dull achy type of pain with burning pain. Objective findings reveal spasms in the lumbar paraspinals and stiffness noted in the lumbar spine. Antalgic gait was noted on right. Straight leg raising aggravates his low back pain. Strength is 5/5 in bilateral lower extremities. Otherwise no gross change noted. Diagnoses include low back pain, clinically consistent lumbar radiculopathy, insomnia secondary to pain, and lumbar degenerative disc disease with disc herniation. A UR report dated 12/27/2013 denied the request for physical therapy to the thoracic and lumbar spine because there were no complete sets of physical therapy notes submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THORACIC/LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , , 98-99

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

**Decision rationale:** As per the MTUS Chronic Pain Guidelines, physical medicine 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. The medical necessity of any additional therapy visits is evaluated based on improvements in the objective measurements, such as pain level, range of motion, or strength with prior PT sessions. However, there is limited to no information documented as to the objective measurements. Furthermore, the patient has already received 30 PT visits and should have been discharged with a home exercise program by now as per the MTUS Chronic Pain Guidelines. Therefore, the request is considered not medically necessary and appropriate.