

<b>Case Number:</b>	CM14-0013584		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old with a work injury dated 5/6/13. The diagnoses include lumbar muscle sprain and lumbar radiculopathy. Under consideration is a request for additional physical therapy 1-2 x 3-4 lumbar (total 6 visits). There is a primary treating physician report dated 12/2/13. Since last visit patient feels about the same with continued pain. She is currently going to PT. She has pain mainly in the low back. PT - currently ongoing - 2 visits still remaining out of 12. TENS unit helps. Currently, the patient complains of: bilateral low back pain that is aching. Pain is rated at 6/10 constant and none radiating. On exam the gait is normal. The test for coordination: normal. Inspection - No erythema, swelling, or ecchymosis no asymmetry, normal posture there is moderate tenderness to the bilateral lumbar paraspinals. Range of motion - Flexion - 45 degrees, extension - 20 degrees. Muscle strength: 5/5 in bilateral lower limbs. There is a negative Seated Leg Raise bilateral. Sensation is within normal limits throughout bilateral limbs. The deep tendon reflexes are normal bilaterally. A 7/30/13 MRI LUMBAR SPINE Report reveals an L4-5 diffuse disc protrusion bulge 4-5 mm, compressions of thecal sac with impingement of S1 nerve roots bilateral with degenerative change of facet joints.L5-S1 Diffuse disc protrusion bulge 6-7 mm, compressions of thecal sac with impingement of S1 nerve roots bilateral with degenerative change of facet joints.The documentation indicates that the patient has had 12 visits of PT already.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 1-2 times a week for 3-4 weeks lumbar (total of 6 visits):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

**Decision rationale:** Additional physical therapy 1-2 times a week for 3-4 weeks lumbar (total of 6 visits) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has already exceeded this number. The documentation does not indicate extenuating circumstances that require additional supervised therapy sessions. The patient should be well versed in a home exercise program. The request for additional physical therapy 1-2 times a week for 3-4 weeks lumbar (total of 6 visits) is not medically necessary.