

<b>Case Number:</b>	CM14-0017832		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/08/2007
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 injured worker is a 60-year-old male who reported an injury on 11/08/2007. The worker was injured while breaking up a fight, which resulted in low back pain. A physical examination performed on 09/30/2013 showed motor strength was 5/5 in the lower extremities bilaterally. The sensory examination tested normal in all dermatomes. The deep tendon reflexes were within normal limits, and the injured worker had negative straight leg raises bilaterally. An X-Ray performed on 10/01/2013 showed pars defect at the L5 level with a Grade I anterolisthesis of L5 on S1 with disc space narrowing and proliferative spurring. The progress note dated 04/22/2014 reported the injured worker had physical therapy for 20 visits the year he had knee surgery. The injured work had a diagnosis of congenital spondylolisthesis L5/S1. The request for authorization was submitted on 03/16/2014 for physical therapy two times a week for 5 weeks due to congenital spondylolisthesis L5/S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 TIMES A WEEK FOR 5 WEEKS TO LUMBAR SPINE:**

Upheld

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

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

**Decision rationale:** The clinical documentation received from 07/13/2013 reported the first visit due to the injury. An X-Ray performed showed pars defect at the L5 level with a Grade I anterolisthesis of L5 on S1 with disc narrowing and proliferative spurring which is noted to be degenerative changes. The California MTUS guidelines recommend physical therapy for functional deficits; myalgia and myositis, unspecified for 9-10 visits over 8 weeks. The clinical documentation submitted showed motor strength of 5/5, and range of motion was not assessed. There was a lack of documentation indicating the injured worker had significant deficits for which physical therapy would be indicated. The efficacy of prior physical therapy was unclear. Therefore, the request is non-certified.