

<b>Case Number:</b>	CM14-0157426		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 California and Virginia and is licensed to practice in Physical Medicine and Rehabilitation. 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 41 year old male who was injured on August 29, 2011. MOI was not provided. Prior treatment history included ESIs which helped to reduce some of his pain. MRI of the lumbar spine dated June 6, 2014 revealed mild to moderate disc bulging at L2-S1, and degenerative changes at L2-4 with anterior osteophyte formation at L3-4. Follow up report dated March 12, 2014 documented the patient to have complaints of lower back pain with radiation to his left leg, and numbness and tingling in his left leg. Physical examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature, paraspinal spasm, and tender sciatic notch. ROM was painful at the terminal degrees and it was as following; 30 degrees to flexion, 0 degrees to extension, 10 degrees to lateral bending bilaterally, 10 degrees to rotation bilaterally. SLR was positive and neurological exam revealed patellar reflex (+2 bilaterally) and Achilles reflex (+1 bilaterally). It also documented reduced sensations to light touch over L5 dermatome distribution. The patient was diagnosed with spinal stenosis, large disc herniation at L4-5 and radiculopathy. The physician discussed the possibility of spinal surgery, but the patient wanted to wait a little longer. Follow up report dated August 13, 2014 revealed improvement of the patient condition with lumbar spine flexion up to 40 degrees. There was no paraspinal muscle tenderness to palpation, no sciatic notch tenderness and no paraspinal spasm. However, there was moderate tenderness over the left buttock. SLR was negative. The patient was diagnosed with left sacroiliitis, degenerative disc lumbar spine and piriformis syndrome and was prescribed Lodine 400 mg. The treating physician also requested physical therapy 2 times a week for 4 weeks. Prior Utilization Review dated September 16, 2014 modified the request for physical therapy because the patient should be allowed for 2 visits for training in a home program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical medicine procedure: 8 physical therapy visits to the lumbar spine 2x wk for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 - 301, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The CA MTUS/ ACOEM recommend physical manipulation in the first few weeks of back pain without radiculopathy. It also recommends "1-2 visits for education, counseling, and evaluation of home exercise for range of motion and Strengthening". The medical records on the follow up report dated March 12, 2014 document the patient diagnosis of radiculopathy. Further, the documents did not show if the patient already had the initial training visits or not. Based on the CA MTUS/ ACOEM guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.