

<b>Case Number:</b>	CM14-0159572		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Pain Management, 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 34 year old male with a date of injury on 3/19/2013. He underwent magnetic resonance imaging scan of the lumbar spine on 8/12/13 and results revealed (a) diffuse disc bulge 2-3 millimeters at L1-2 and L5-S1 disc levels and (b) desiccated discs L1-2, L2-3, L3-4, L4-5 and L5-S1 disc levels. He underwent electromyogram/nerve conduction velocity studies on 6/4/2014 and results noted normal findings. Per 7/23/2014 records the injured worker returned to his provider and complaints of constant low back pain rated at 5-6/10. He stated that pain radiates to his mid back with numbness and tingling sensation. Pain was increased with sitting, bending, and when changing mechanisms. He reported that he has had 3 epidural injections into his lower back which has helped him for about one week. The same records indicate that he has had a magnetic resonance imaging scan of the lumbar spine, approximately 12 therapies, shockwave, and work restrictions. Lumbar examination noted mild scoliosis. Tenderness was noted with spasms of the lumbar paraspinals and bilateral gluteal muscles and tenderness over the bilateral sacroiliacs. Range of motion was limited in all planes. Straight leg raising test was positive at 35 degrees on the right and 40 degrees on the left. Strength was 2+/5. He is diagnosed with (a) lumbar spine sprain/strain with radiculitis, (b) myospasms, (c) lumbar spine multilevel disc protrusions, and (d) lumbar spine desiccations. Per 8/15/2014 records indicate his condition has not changed and things were a little bit worse with time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Per records, the injured worker had 6 chiropractic sessions, 12 acupuncture sessions, and 10 physical therapy sessions previously. However, the benefits or effectiveness including functional improvement is not found in the presented documents. Evidence-based guidelines indicate that in order to request authorization for additional therapy sessions, there should be documentation of significant decrease in pain levels or evidence of significant improvements in functional activities. Moreover, due to the chronicity of his injuries, evidence-based guidelines prefer the use of active modalities (e.g. exercise, education, activity modification) for chronic conditions and are proven to produce better outcomes. Additionally, the injured worker has had prior 10 physical therapy sessions and the request exceeds the maximum number of sessions provided by evidence-based guidelines. Hence, due to the absence of such requirements for additional physical therapy sessions the medical necessity of the requested physical therapy twice a week for six weeks total of 12 is not medically necessary.