

<b>Case Number:</b>	CM14-0162049		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Emergency Medicine 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 female injured worker reported an injury on 04/16/2004. The age of the patient and the mechanism of injury were not provided. Diagnoses included low back pain, sciatica, degenerative lumbar disc disease, and lumbar facet joint syndrome. Past treatments included acupuncture, a home exercise program, and medications. Diagnostic testing included an unofficial MRI of the lumbar spine on 05/27/2014, which reportedly revealed multilevel degenerative changes with disc bulges at L4-5 and L5-S1, with neural foraminal stenosis. Surgical history was not provided. The clinical note dated 08/08/2014 indicated the injured worker complained of pain in the low back radiating to the bilateral lower extremities. The physical exam dated 09/05/2014 indicated tenderness to palpation of the lumbar spine, positive bilateral straight leg raise, limited range of motion of the lumbar spine, decreased sensation at the L5 and S1 dermatomes, and decreased strength at the L5 and S1 innervated muscle groups. Current medications included Lidoderm patch and Voltaren gel. The treatment plan included 8 sessions of physical therapy to the lumbar spine. The rationale for the treatment plan was to stabilize and strengthen the spine. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x8, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The request for eight Sessions of Physical Therapy to the Lumbar Spine is not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with radiculitis, to include 8 to 10 visits over 4 weeks. The clinical documentation provided indicated the injured worker complained of pain in the low back radiating to the bilateral lower extremities. The physician noted decreased range of motion of the lumbar spine and muscle weakness in the L5 and S1 innervated muscle groups. It is unclear if the injured worker had previously completed a physical therapy, with evidence of documented functional improvements. Therefore, the treatment plan cannot be supported at this time, and the request for 8 Sessions of Physical Therapy to the Lumbar Spine is not medically necessary.