

<b>Case Number:</b>	CM14-0164760		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	04/26/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Illinois. 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 64-year-old male who reported injury on 04/26/2014. The mechanism of injury occurred when lifting a case weighing 50 pounds to 60 pounds. The injured worker's diagnoses included lumbosacral sprain/strain with radiculitis, left groin strain and urological symptoms. The injured worker's past treatments included physical therapy and medications. The injured worker's diagnostic testing included an official MRI of the lumbar spine on 09/11/2014, which revealed multilevel degenerative disc disease, 5 mm disc protrusion at L4-5, 6 mm disc protrusion at L5-S1. An official x-ray of the lumbosacral spine on 04/26/2014 indicated degenerative changes and no acute fracture or dislocation. The injured worker's surgical history was not provided. On the clinical note dated 08/15/2014, the injured worker complained of low back pain that radiates down both lower extremities. The injured worker had paralumbar tenderness, positive straight leg raise and range of motion after warm-up able to forward flex of the lumbosacral spine with the tips of his fingers can reach his knees. The injured worker's medications included Carisoprodol, Omeprazole, diclofenac, Motrin, frequencies and dosages not provided, and Ultram 50 mg. The request is for physical therapy of the lumbar spine 2 times 4. The rationale for the request is low back pain with radiculitis. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for physical therapy 2 times 4 is not medically necessary. The injured worker is diagnosed with lumbosacral sprain/strain with radiculitis and left groin strain with urological symptoms. The California MTUS Guidelines recommend active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The guidelines recommend 9 to 10 visits over 8 weeks. The injured worker's range of motion to the lumbar spine was noted to be after warm-up able to forward flex so that the tips of his fingers reached his knees. The injured worker also had a positive straight leg raise. However, there is a lack of documentation indicating the efficacy, as well as number of visits of the previous physical therapy that the injured worker attended. There is a lack of documentation indicating improved pain rating from physical therapy. There is a lack of documentation to indicate subjective objective functional deficits to warrant additional visits to physical therapy. As such, the request for physical therapy to the lumbar spine 2 times 4 is not medically necessary.