

<b>Case Number:</b>	CM14-0183264		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/16/2003
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Family Medicine, and is licensed to practice in New Jersey & New York. 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 73 year-old male who was injured on 9/16/03. He complained of lower back pain with severe muscle spasms, radiating to left lower extremity. On exam, he had spasms in the bilateral paraspinal muscles, decreased strength and sensation bilaterally. A lumbar MRI showed lumbar foraminal narrowing. He was diagnosed with lumbar disc displacement and lumbar radiculopathy. He had a caudal epidural steroid infusion bilateral L4-S1 with improvement in symptoms. He had a history of multiple spine surgeries. He used Roxicodone, Lidoderm patch and was being weaned off Flexeril. He has a history of multiple falls. As per the chart, the patient said inpatient physical therapy was arranged due to the severe immobility and deconditioning of the patient. The patient completed four weeks of physical therapy with improved pain control and functional improvement. Four additional weeks was being requested to transition to a home exercise program as per the therapist's recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 of the lumbar spine:** Upheld

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

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

**Decision rationale:** The request for additional physical therapy is not medically necessary. The patient already had four weeks of physical therapy with improvement and should have been taught a home exercise program to continue at home. It is unclear how many sessions were used during the four weeks but eight additional sessions is likely to be unnecessary. The request as stated is not medically necessary.