

<b>Case Number:</b>	CM14-0028588		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 employee is a 35-year-old male injured on August 12, 2013. The mechanism of injury was noted slipping while loading a pallet. The most recent progress note, dated January 29, 2014, indicated that there were ongoing complaints of pain, numbness and tingling down his left leg. The injured employee has difficulty with prolonged sitting, standing and walking. Pain level is 6/10. The physical examination demonstrated left sided tenderness of sacroiliac joint, lower back and sciatic notch. Range of motion is as follows: flexion 40 degrees, extension 15 degrees, right lateral bending 20 degrees and left lateral bending 15 degrees. Reflexes and neurological exam were normal. Diagnostic imaging included an MRI of the lumbar spine from September 19, 2013 revealing probable bilateral L5 spondylosis without spondylolisthesis. There was also a 5 mm x 8 mm posterior and superior disc extrusion resulting in moderate to severe foramina narrowing with compression of L5 nerve roots, 4 mm x 10 mm x 5mm posterior disc extrusion at L4-L5. Current treatments included physical therapy for 6 visits, oral medications, urine drug screen and moist heat. A request had been made for physical therapy three times a week for two weeks for the lumbar spine and was not certified in the pre-authorization process on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 SESSIONS PER WEEK FOR 2 WEEKS, FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**Decision rationale:** Based on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, physical therapy, in management of chronic pain with radiculitis and myalgia. It allows for the fading of treatment from up to 3 visits per week or less to an active home program. There was no correlation of MRI with exam or prior physical therapy progress notes for review. Based on the clinical exam and findings, there is not enough clinical evidence to support certifying the request for more therapy. As such, this request is not medically necessary.