

<b>Case Number:</b>	CM14-0030174		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/10/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 43 year old male who reported an injury to his low back in 06/2005. The injured worker reported no inciting event regarding the low back complaints. The injured worker also reported cervical region pain on 06/24/05. The agreed medical examination dated 05/02/13 indicates the injured worker having undergone physical therapy following the initial complaints. The injured worker also underwent epidural steroid injections in the lumbar region. The clinical note dated 06/28/13 indicates the injured worker presenting with complaints of incontinence. The note indicates the injured worker having sustained a spinal injury with the subsequent development of urinary incontinence as well as ED. The injured worker also was reported to have hypogonadism secondary to ongoing narcotic use. The MRI of the lumbar spine dated 07/01/13 revealed a removal of pedicle screws at L5 and S1. The injured worker had undergone an interbody fusion at L3-4 as well as L4-5 and L5-S1. The study revealed no spinal canal stenosis at L3 through S1. A small disc bulge was revealed at L2-3 with mild to moderate bilateral neuroforaminal stenosis and mild to moderate bilateral neuroforaminal stenosis at L3-4. The clinical note dated 06/18/13 indicates the injured worker complaining of radiating pain from the low back into the posterolateral calf muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 SESSIONS PHYSICAL THERAPY (2X2) FOR PARALUMBAR FOR PAIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, PHYSICAL MEDICINE,

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The request for 4 sessions of physical therapy 2 x 2 for paralumbar pain is non-certified. The documentation indicates the injured worker having previously undergone a fusion from L3 to S1. There is an indication in the clinical notes regarding the injured worker's previous involvement with physical therapy addressing the low back complaints. However, no information was submitted regarding the injured worker's response to the previous therapy. Additional therapy would be indicated provided the injured worker meets specific criteria to include an objective functional improvement. No objective data was submitted confirming the injured worker's positive response. Given this, the request is not indicated as medically necessary.