

<b>Case Number:</b>	CM14-0034824		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 48-year-old male who reported an injury on 03/13/2013 due to repetitive lifting and bending. The injured worker was placed on conservative care and received 12 physical therapy sessions; the results were not documented. On 08/06/2013, the injured worker received a lumbar epidural steroid injection at the L4-5 interspace. On 08/14/2013, the injured worker was postsurgically assessed by his physician. The injured worker stated he had no back pain for 3 days and now the pain is returning. Lumbar range of motion is measured with flexion at 40 degrees, extension at 10 degrees, right lateral bending at 10 degrees, and left lateral bending at 10 degrees. The injured worker presents with full motor strength bilaterally to the lower extremities. The physician will perform another epidural steroid injection at a later date and refer him to a pain management program. The injured worker's diagnoses are lumbar radiculopathy and lumbar sprain/strain. The injured worker receives baclofen, Norco, tramadol, naproxen, Protonix, Flexeril, and compounded creams to address symptoms. The injured worker failed a urine drug screen on 12/05/2013; the results tested negative for Norco and Flexeril. The physician is requesting physical therapy for the lumbar 2 times a week for 4 weeks. A Request for Authorization Form and rationale were not submitted for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2XWK X 4 Wks lumbar QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back (updated 12/27/13).

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

**Decision rationale:** The California MTUS Guidelines for Chronic Pain and Physical Medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For neuralgia, neuritis, and radiculitis, unspecified the injured worker is allowed 8 to 10 visits over 4 weeks. The injured worker has already received 12 physical therapy sessions. This request exceeds the MTUS Guidelines for quantities of physical therapy. As such, the request is not medically necessary.