

<b>Case Number:</b>	CM14-0035233		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 worker is a 40-year-old female injured on September 7, 2011. The mechanism of injury was noted as rearranging boxes. The most recent progress note, dated June 5, 2014, indicated that there were ongoing complaints of lumbar spine pain with numbness and tingling in the left calf. Current medications include Lyrica, Nucynta and Cymbalta. There was a history of a prior lumbar interbody fusion at the L5-S1 level. The physical examination demonstrated tenderness over the side of the lumbar spine with left sided paravertebral muscle spasms. There was a positive left sided straight leg raise at 75. No muscular atrophy was noted. There were decreased sensation over the left L5 dermatome, decreased left leg muscle strength and an absent left sided patellar reflex. Diagnostic imaging studies objectified moderate to severe stenosis on the left at L5-S1. A request had been made for physical therapy two times a week for four weeks for the lumbar spine and was not certified in the pre-authorization process on March 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy two (2) a week for four (4) weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 58 of 127.

**Decision rationale:** According to the attached medical record, the injured employee has had a significant amount of physical therapy in the past. There was no justification in the attached medical record why additional formal physical therapy was needed. At this point the injured employee should be very familiar with what is expected of physical therapy for the lumbar spine and should be able to do this on their own at home with a home exercise program. This request for physical therapy two times per week for four weeks for the lumbar spine is not medically necessary.