

<b>Case Number:</b>	CM14-0038896		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 42-year-old male who reported an injury on 12/30/2013 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications, heat, ice, activity modifications, physical therapy, a home exercise program, and injections. The physical findings included 5/5 motor strength of the bilateral lower extremities with a negative straight leg raising test, and limited range of motion secondary to pain. The injured worker's diagnoses included dorsal lumbosacral sprain/strain, herniated disc, and facet joint hypertrophy. A request was made for an additional epidural steroid injection followed by an orthopedic consult and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x8 lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested physical therapy x 8 for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker is participating in a home exercise program. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker has continued pain complaints. Therefore, a short course of physical therapy to include 1 to 2 visits would be beneficial to the injured worker to re-address the injured worker's home exercise program. However, the requested 8 sessions would be considered excessive. There are no exceptional factors noted within the documentation to support the need for a full course of physical therapy. As such, the requested physical therapy x 8 for the lumbar spine is not medically necessary or appropriate.

**Orthopedic Consultation for Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The requested orthopedic consultation for the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends clear clinical imaging and electrophysiological evidence of a lesion that would benefit from surgical intervention after failure of conservative treatment support referral for surgical consultation. The clinical documentation submitted for review does indicate that an epidural steroid injection has been requested for this patient. Therefore, not all lower levels of treatment have been exhausted. Additionally, an independent report of an imaging study that supports the need for surgical intervention was not provided. As such, the requested orthopedic consultation for the lumbar spine is not medically necessary or appropriate.