

<b>Case Number:</b>	CM14-0046268		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a male with date of injury 4/26/2011. Per physician's supplemental report of occupational injury dated 2/10/2014, the injured worker has been doing reasonably well since his last visit on 12/16/2013. He has moderate pain rated at 3/10. He has constant burning pain in his back. The leg pain symptoms have resolved. He has finished approximately 18 physical therapy sessions. He underwent TLIF decompressino fusion surgery on 6/18/2013. He still has significant cervical spine pain which is part of his industrial injury. On examination he is in mild distress. He does have a slight Trendelenburg gait when he leans to the right with walking. He is able to heel-toe walk as well as tandem walk. On palpation he has tenderness to palpation in the midline of L3 to L5 as well as the paraspinal muscles. No tenderness to palpation around the cervical spine. He is able to touch his chin to his chest. He has about 10 degrees of extension but with pain. He has good rotation of his neck. On his back, he can flex to about 70 degrees, extend to about 10, once again with pain and about 30 degrees of side bending. He has full range of motion of his shoulder and elbow as well as his hips and knees. With regards to strength he has 5/5 strength of his bilateral upper extremities. Of his lower extremities he has 5/5 strength except for 4+/5 on his right hip flexors, iliopsoas, tibialis anterior and extensor hallucis longus. Sensation is intact to light touch throughout. His pulses are 2+ throughout his bilateral upper and lower extremities. Deep tendon reflexes are 3+ throughout. He has 4-5 beats of clonus on his bilateral lower extremities. He has a negative Babinski, Hoffman's and straight leg raise. Diagnoses include 1) status post L4-S1 transforaminal lumbar interbody fusion 6/18/2013 2) cervical herniated nucleus pulposus and syrinx 3) depression and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional physical therapy visits for lumbar spine, outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.accempracguides.org>; low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): page(s) 26.

**Decision rationale:** Injured worker is a male with date of injury 4/26/2011. Per physician's supplemental report of occupational injury dated 2/10/2014, the injured worker has been doing reasonably well since his last visit on 12/16/2013. He has moderate pain rated at 3/10. He has constant burning pain in his back. The leg pain symptoms have resolved. He has finished approximately 18 physical therapy sessions. He underwent TLIF decompression fusion surgery on 6/18/2013. He still has significant cervical spine pain which is part of his industrial injury. On examination he is in mild distress. He does have a slight Trendelenburg gait when he leans to the right with walking. He is able to heel-toe walk as well as tandem walk. On palpation he has tenderness to palpation in the midline of L3 to L5 as well as the paraspinal muscles. No tenderness to palpation around the cervical spine. He is able to touch his chin to his chest. He has about 10 degrees of extension but with pain. He has good rotation of his neck. On his back, he can flex to about 70 degrees, extend to about 10, once again with pain and about 30 degrees of side bending. He has full range of motion of his shoulder and elbow as well as his hips and knees. With regards to strength he has 5/5 strength of his bilateral upper extremities. Of his lower extremities he has 5/5 strength except for 4+/5 on his right hip flexors, iliopsoas, tibialis anterior and extensor hallucis longus. Sensation is intact to light touch throughout. His pulses are 2+ throughout his bilateral upper and lower extremities. Deep tendon reflexes are 3+ throughout. He has 4-5 beats of clonus on his bilateral lower extremities. He has a negative Babinski, Hoffman's and straight leg raise. Diagnoses include 1) status post L4-S1 transforaminal lumbar interbody fusion 6/18/2013 2) cervical herniated nucleus pulposus and syrinx 3) depression and anxiety.