

<b>Case Number:</b>	CM14-0068217		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 52 year old male who sustained an injury to his lumbar spine on 04/08/13 when he was moving dollies of folding chairs down a hill. The injured worker stated that he did not feel an immediate onset of pain, but experienced severe pain in his left leg and low back later on that night. The injured worker stated that he was having difficulty walking. His manager sent him to the clinic where ultrasound imaging was performed and he was prescribed medications. Plain radiographs were reportedly taken and the injured worker was given an injection. MRI of the lumbar spine performed on 06/03/14 revealed an 8mm left paracentral disc protrusion at the L4-5 level significantly impressing the thecal sac with no other significant findings; the clinical note dated 06/24/14 reported that the injured worker stated he had low back pain that was sharp in nature and radiated down the left leg to the foot with associated numbness. Physical examination noted mild limp; ambulation without assistive devices; 2+ lumbar paraspinal muscle spasm; tenderness to palpation on the left sciatic notch; range of motion flexion 40 degrees, extension 20 degrees, bilateral lateral bending at 20 degrees; deep tendon reflexes equal and symmetric in the legs; slight decrease of left ankle reflex; sensation decreased to light touch and pin prick in the left L5-S1 dermatome; motor strength 5/5 throughout; straight leg raise positive left at 60 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine, 3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012: Back Section: PT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

**Decision rationale:** The request for physical therapy of the lumbar spine 3 x a week x 6 weeks is not medically necessary. The previous request was denied on the basis that the records indicate the injured worker has had at least 36 physical therapy visits to date. The request was non-certified due to lack of clinical evidence of improvement with extensive physical therapy and that the amount of physical therapy well exceeds guideline recommendations. There were no recent physical therapy notes provided for review. There was no mention that a surgical intervention had been performed. The Official Disability Guidelines recommend up to 10 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support exceeding the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy of the lumbar spine 3 x a week x 6 weeks is not indicated as medically necessary.