

<b>Case Number:</b>	CM14-0078790		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 32 year old male with a work injury dated 4/6/11. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, other sprains/strains, sprain thoracic region, and lumbar disc displacement. Under consideration is a request for additional Physical Therapy, two times a week for six weeks to the lumbar spine. There is a primary treating physician report dated 3/21/14 reevaluation of ongoing constant low back pain with right greater than left radiating leg pain. His symptoms have not changed since he was at the prior visit 3 months ago but he feels that the physical therapy he has been doing is helping his core strength. He is frustrated because his surgery has not been approved and he continues to be unable to work. On his exam most of his tenderness continues to be at the L5-S1 level posteriorly. The range of motion is moderately decreased. He has some tension right greater than left. DTRs on the right are hyperreflexic, Sensation is grossly intact. His gait is grossly intact but slightly antalgic on the right. He exhibits no Waddell signs. His motor strength is within normal limits including bilateral gastrocs, EHL, quadriceps and hip flexors. Reviewed his 2011 and 2013 lumbar MRI films reveals that he has worsening L5-S1 disc herniation and a central repair central right sided location causing increasing S1 nerve Impingement. The disc is showing signs of degeneration as well as collapse. There was discussion about possible lumbar arthroplasty and a recommendation to continue core exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy two (2) times a week for six (6) weeks to the lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** Additional Physical Therapy two times a week for six weeks to the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had 18 physical therapy sessions. There are no extenuating factors in the documentation submitted to recommend an additional 12 visits of therapy. The patient should be well versed in a home exercise program. The request for additional Physical Therapy two times a week for six weeks to the lumbar spine is not medically necessary.