

<b>Case Number:</b>	CM14-0079704		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 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 41-year-old male who sustained work-related injuries on December 12, 2012. Medical records dated April 14, 2014 document that he complained of low back and leg pain on the left side. Pain was aggravated when walking. The injured worker indicated that he had a magnetic resonance imaging scan but this was unavailable. Examination findings note paresthesia on the left side at the S1 level. Moderate and generalized tenderness with rigidity was noted. His range of motion was limited. Mild tenderness was also noted over the bilateral sacroiliac joints. X-rays of the lumbar spine indicate mild degenerative changes at L4-L5, L5-S1 with no acute irregularity identified. He was diagnosed with lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3xwk x 2wks for the Lumbar Spine:** Upheld

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

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

**Decision rationale:** Evidence-based guidelines indicate that injured workers suffering from chronic pain are preferred to undergo active therapy modalities (exercise, education and activity

modification) as these are documented to provide better and significant outcome. In this case, the date of injury occurred in December 2012 and the condition of the injured worker is regarded to be in the chronic phase. Moreover, physical examination findings only noted paresthesia on the left S1 level with moderate tenderness and rigidity. Range of motion was limited but thorough measurements were not performed. Mild tenderness was noted over the bilateral sacroiliac joint. Radiographs revealed mild degenerative changes at L4-L5, L5-S1 with no acute irregularity identified. Based on these findings and the lack of documentation of significant functional limitation in relation to performing activities of daily living and functional activities, the medical necessity of the requested physical therapy three times per week for two weeks is not established.