

<b>Case Number:</b>	CM14-0084420		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/13/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 48-year-old gentleman who was reportedly injured on May 13, 2005. The mechanism of injury is noted as lifting a battery cable spool. The most recent progress note dated April 2, 2014, indicates that there were ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles and over the left sciatic notch. No muscle spasms were noted. There was decreased lumbar spine range of motion with pain and a positive bilateral straight leg raise test. A lower extremity neurological examination indicated decreased sensation over the lateral aspect of the left thigh and calf and the dorsum of the left foot. There were no strength deficits and DTRs were symmetrical. Diagnostic imaging studies of the lumbar spine, dated September 25, 2013, indicate postoperative changes and an L4 pseudo-meningocele. Nerve conduction studies of the lower extremities, dated December 2, 2013, indicated an active left L5 and right S1 radiculopathy. Previous treatment includes massage, physical therapy, electrical stimulation, epidural steroid injections, a facet block, lumbar spine surgery to include a decompression and fusion of L3 through L5, home exercise, and oral medications. A request had been made for postoperative physical therapy three times a week for six weeks for the lumbar spine and was not certified in the pre-authorization process on May 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy 3 x week x 6 weeks Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines, California Code of Regulations.

**Decision rationale:** A review of the medical records indicates that the injured employee is not currently authorized for or pending a lumbar spine surgery. Considering this, this request for physical therapy three times a week for six weeks for the lumbar spine is not medically necessary.