

<b>Case Number:</b>	CM14-0089513		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/03/1993
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

This patient is a 71 year-old male with date of injury 12/03/1993. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/06/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed complete range of motion in all planes. Neurologic exam of the lower extremities revealed some weakness of the left EHL which was +4/5. Sensory examination was intact bilaterally. Reflexes were 1+ and equal at the knees. Tenderness to palpation of the paraspinal musculature on the left from L3 to the sacrum and over the posterior aspect of the left buttock and posterior thigh. There was some numbness of the right buttock. Diagnosis: 1. Multilevel lumbar degenerative disc disease 2. Chronic fracture of L1 3. Multilevel lumbar disc herniation. No record of any previous physical therapy was provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Sessions Physical Therapy for the Lumbar Spine, Left Knee and Feet: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back , Procedures Summary, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58.

**Decision rationale:** Therapeutic physical therapy for the low back is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of functional improvement. 12 Sessions Physical Therapy for the Lumbar Spine, Left Knee and Feet is not medically necessary.