

<b>Case Number:</b>	CM14-0091301		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/12/2008
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, has a subspecialty in Pain Med and Manipulation 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 patient is a 36-year-old male deputy sheriff who sustained an industrial injury on October 12, 2008. He presented for an initial orthopedic evaluation on May 1, 2014 at which time it is noted that he re-aggravated his back on March 26, 2014. He has improved significantly. However, he remains with sharp and stabbing pain with locking of the muscles. Physical examination revealed increased pain with flexion and extension, decreased sensation left L4 to S1 dermatome. He was assessed with significantly improved bilateral sciatica and mild instability with rotation. Recommendation was made for core exercises and stretching. He is to continue with full duty. The request for physical therapy was noncertified on May 21, 2014. The prior peer reviewer noted that the recent aggravation has improved and the patient presents with persistent minimal back pain and decreased sensation. However, there was limited evidence of current objective and specific functional deficits to support the need for continued skill care. It was further noted that the patient is able to return to full duty work. The prior peer reviewer also noted that the total number of physical therapy sessions to date is not clear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability

Guidelines-Treatment for Worker's Compensation, Low back procedure summary last updated 03/31/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back, Physical Therapy

**Decision rationale:** The medical records indicate that the patient sustained a major flare-up on March 26, 2014. He has improved significantly. However, he remains with sharp and stabbing pain with locking of the muscles. Physical examination has revealed increased pain with flexion and extension and decreased sensation in the left lower extremity. At this juncture, the request for physical therapy treatments to the lumbar spine 26 is supported to address the lingering deficits and to ensure that the patient is properly re-educated and re-transferred into a home exercise program to consist of stretching, strengthening, and range of motion exercises in order to be able to continue working his regular full duty status as a deputy sheriff.