

<b>Case Number:</b>	CM14-0094127		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Family 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:

The injured worker is a 45 year old female who reportedly injured her low back due to moving/lifting heavy floor mats on 04/23/13. She complains of low back pain that radiates down both legs right greater than left. The injured worker also has neck pain with pain in both hands. MRI of the lumbar spine dated 09/21/13 showed disc desiccation at L4-5 and L5-S1 with a diffuse disc protrusion at L4-5 with effacement of the thecal sac, L4 exiting nerve roots are unremarkable. At L5-S1 there is a focal central disc protrusion with annular tear indenting the thecal sac, L5 nerve roots are unremarkable. Electrodiagnostic studies of the bilateral lower extremities done 09/20/13 was a normal study. The injured worker was treated conservatively with medications, physical therapy and activity modification. AME report dated 03/25/14 notes the injured worker to be 5 feet tall and weighs 146 pounds. There is tenderness to palpation in the midline of the back; right and left SI joint tenderness; mild muscle guarding; no sciatic notch tenderness. The injured worker is able to toe walk and heel walk. Deep tendon reflexes are 2/4. Motor strength is 5/5 throughout the bilateral lower extremities. There are no sensory deficits. Lumbar spine x-rays were unremarkable. The injured worker was determined to have reached maximum medical improvement with an 8% whole person impairment rating. The injured worker was seen in follow-up on 05/29/14 and still reports neck pain with pain into both hands and shooting pain to the right upper extremity. Physical examination revealed tenderness to palpation right lower back. there is slightly decreased cervical range of motion. Lumbar range of motion is reported as 50 degrees of anterior flexion with pain; extension is 15 degrees with pain. Neurological examination revealed reduced sensation to pinprick right C7 and left L4-5. Reflexes were 2+ in the upper and lower extremities, except 1+ at bilateral ankles. Straight leg raise is to 90 degrees in sitting position, negative left, positive right. The injured worker was recommended to undergo L5-S1 epidural steroid injection and C7-T1 epidural steroid injection

with more physical therapy requested x 14 for neck and back. By utilization review determination dated 06/13/14, the request for 14 physical therapy visits was modified to approve 3 physical therapy visits for the low back only.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **14 Physical Therapy Treatments for Lower Back Only: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy (PT)

**Decision rationale:** Current evidence-based guidelines recommend physical therapy for patients with low back pain. The guidelines support 10-12 visits over 8 weeks for the injured worker's diagnosis in this case, allowing for fading of treatment plus active self-directed home exercise program. The injured worker is noted to have had a previous course of physical therapy, but the total number of physical therapy visits completed to date is not documented. The request for 14 physical therapy visits in addition to the therapy already completed exceeds guidelines, and there is no evidence of exceptional factors that would support the need for therapy that exceeds guidelines. The records reviewed do not document that the injured worker currently has any motor weakness. However, based on the clinical information provided, the request for 14 Physical Therapy Treatments for Lower Back Only is not recommended as medically necessary.