

<b>Case Number:</b>	CM14-0094570		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/29/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55 year old female who was injured on 12/31/12 when she tripped and fell, twisting her back. The injured worker complains of low back pain. The injured worker is diagnosed with sprain of the lumbar region. Treatment has included multiple courses of physical therapy and medication management. Physical examination of the lumbar spine on 06/17/14 reveals flexion of 55, extension of 20, tenderness to palpation along lumbar paraspinal musculature and paraspinal spasms. Straight leg raise is positive at 90 on the left eliciting pain at the L5-S1 distribution and hypoesthesia is noted at the anterolateral aspect of the foot and ankle. Weakness is noted in the big toe dorsiflexor and plantar flexor bilaterally. A magnetic resonance image of the lumbar spine dated 02/20/14 reveals multilevel disc bulges with minimal bulging into the caudal aspect of the right foramen without neural compression at L1-2, minimal left foraminal narrowing at L2-3, minimal bilateral foraminal stenosis and minimal central canal stenosis at L4-5 and disc degeneration and type 2 endplate change and mild bilateral foraminal stenosis is at L5-S1. A magnetic resonance image of the lumbar spine dated 04/01/14 reveals no changes. A utilization review determination dated 05/29/14 non-certified a request for physical therapy of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy of Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines support up to 9-10 visits of physical therapy for myalgia and myositis or radiculitis, unspecified. Records indicate the injured worker participated in physical therapy in 02/2012 and as recently as 03/2014. Records from recent courses of physical therapy are not submitted. The number of physical therapy visits completed to date is not indicated. Records do not reveal the injured worker's functional response to treatment with physical therapy. Records do indicate the injured worker continues to complain of radiating low back pain despite reported treatment. As such, records do not indicate the injured worker experienced restoration of flexibility, strength and endurance with previous physical therapy. Based on the clinical information provided, medical necessity of physical therapy for the lumbar region is not established.