

<b>Case Number:</b>	CM14-0159522		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/24/2009
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

Injured worker is a male with date of injury 6/24/2009. Per primary treating physician's progress report dated 9/14/2014, the injured worker continues to complain of numbness and burning of medial thigh distally extending down to the medial foreleg. He denies weakness. He reports being stiff in the morning, making it painful to walk distances, but gets better during the day. He also reports that he needs to ice his back and leg when he gets home. He reports that baclofen and ibuprofen provide relief, and that he has not needed much tramadol. He is able to work, but burning and numbness are issues in his quality of life. He does not want to consider invasive options or additional medication at this time. Examination of the back shows no deformity or tenderness and normal range of motion without pain. Sensation to light touch and pinprick is diminished at medial thigh to proximal foreleg. Diagnoses include 1) sprain/strain lumbosacral 2) sprain/strain sacroiliac 3) talipes cavus 4) sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the lumbar spine:** 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 rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The claims administrator notes that a request for two additional sessions of physical therapy for the lumbar spine was noncertified in peer review on 5/1/2014. The number of sessions of postoperative physical therapy requested exceeded that recommended by the MTUS Guidelines. He has completed 16 postoperative physical therapy sessions following surgery on 12/3/2013. The injured worker is outside the postsurgical treatment period, so the Chronic Pain Medical Treatment Guidelines apply. The requesting physician does not provide information regarding the status of a home exercise program, or an explanation of why therapist guided therapy is indicated at this time. It would be expected that the injured worker has a home exercise program for continued rehabilitation because he has had significant amount of physical therapy already. The request for physical therapy 2 times a week for 4 weeks for the lumbar spine is determined to not be medically necessary.