MAXIMUS Federal Services

| Case Number: | CM14-0200318 | | |
|---|---|---|---|
| Date Assigned: | 12/10/2014 | Date of Injury: | 07/07/2013 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

## 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 48-year-old male with a date of injury of July 7, 2013. Results of the injury include low back pain. Diagnoses include cervical spine musculoligamentous injury, cervical spine myofasciitis, chronic, lumbar spine confirmed multilevel discopathy, confirmed lumbar chronic L5 nerve root irritation/radiculitis, bilateral, left shoulder suspected supraspinatus tendinopathy/strain versus tear, psychological complaints/sexual dysfunction, and potential adverse reaction to pharmaceuticals. Treatment modalities include pain medication and 8 sessions of chiropractic care with good improvement with a request for an additional 6. Magnetic Resonance Imaging scan of the lumbar spine dated December 17, 2013, showed linear band like area of T2 signal within the thecal sac from L1 to L5. Findings may have been related to synechia versus arachnoiditis, and mild degenerative changes of the lumbar spine. Electrodiagnostic studies, nerve conduction study, and electromyogram dated September 24, 2013 showed chronic L5 nerve root irritation on both sides, no electrophysiological evidence of entrapment neuropathy on the peroneal and tibial nerves, and no electrophysiological evidence to support distal peripheral neuropathy in the lower extremities. Progress report dated August 19, 2014, showed decreased range of motion of the lumbar spine. There was tenderness noted about the sacroiliac joint and moderate to severe spasms of the paraspinous musculature from L1 to L5 bilateral. Minor's sign was positive, Valsalva positive, Milgram's positive, Patrick's positive bilateral, Kemps positive bilateral, Yeoman's positive left, straight leg raise (seated) left, Bragard's left. Work status was noted as modified work duty. Utilization review form dated

November 14, 2014 modified 6 sessions of physical therapy for the lower back (2x3) according to American College of Occupational and Environmental Medical Practice Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of physical therapy for the lower back (2x3):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Medical Practice Guidelines, 2nd edition (2007) Chapter 12 Low Back, pages 75-76, Chronic Low Back Pain & Radicular Pain

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends to allow for fading of treatment frequency and transition to independent active home rehabilitation. This is a chronic injury in which the treatment guidelines anticipate that the patient would have previously transitioned to independent home rehabilitation. The records and guidelines do not provide a rationale or indication for additional supervised physical therapy. This request is not medically necessary.