

<b>Case Number:</b>	CM14-0203406		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Practice and is licensed to practice in Ohio. 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:

This 40 year old male was injured on 06/21/2009 while employed. On provider visit dated 09/15/2014 he complained of right lower lumbosacral spine with severe spasm. On examination he was noted to have tenderness and spasm in the right lower lumbosacral spine. There was a noted trigger point area. He had limited range of motion secondary to pain and spasm. His diagnoses were spondylolisthesis status post lumbar fusion, myofascial spasm, chronic low back pain and sciatica. He received a Kenalog/Marcaine/Lidocaine solution injection during the visit. His treatment plan included a functional restoration program, medication refills of Fenoprofen, Prilosec, Norco, Docuprene, Methadone and Terocin patch. He was noted to do his home exercise program as much as possible. His work status was noted as not working. He received a psychiatric evaluation on 06/06/2014. The Utilization Review dated 11/03/2014 modified the request for 12 Physical Therapy Sessions for the Lumbar Spine to 6 Physical Therapy Sessions for the Lumbar Spine. The reviewing physician referred to the Official Disability Guidelines for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Sessions for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 1 and ODG, Physical Therapy Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and ODG preface, Physical therapy.

**Decision rationale:** The Official Disability Guidelines state that 10-12 physical therapy visits are allowable over 8 weeks for sciatica. However, patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). The injured worker had a lumbar fusion previously and presumably had the allowable number of post-operative physical therapy visits then. The utilization reviewer modified the allowable number of physical therapy visits to 6 to assess for progress. That recommendation was in alignment with the available guidelines. Therefore, 12 physical therapy sessions for the lumbar spine for sciatica was not medically necessary.