

<b>Case Number:</b>	CM14-0207355		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 is a 51 year old patient with date of injury of 03/26/2014. Medical records indicate the patient is undergoing treatment for L4-L5 herniated nucleus pulposus with stenosis and ligamentum flavum hypertrophy with left lower extremity radiculitis and radiculopathy. Subjective complaints include constant low back pain rated 8/10 radiating into bilateral lower extremities with left greater than right and down into the knees to the top and lateral aspect of the foot with associated numbness, tingling, burning and weakness; anxiety, depression, stress and insomnia. Objective findings include diffuse tenderness and spasm, central and bilateral neural foramina at L4-L5 and L5-S1; positive sciatic notch tenderness on left; straight leg raise and tensions sign positive; weakness of left extensor hallucis longus and foot evertors. MRI of lumbar spine dated 06/02/2014 revealed a small posterior disc protrusion at L4-L5 without associated central canal stenosis; disc bulge at L5-S1 without significant central canal or foraminal stenosis. Treatment has consisted of physical therapy, epidural injection, Ultracet and Prilosec. The utilization review determination was rendered on 11/18/2014 recommending non-certification of Physical therapy 2-3 wk x 4 weeks for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 wk x 4 weeks for lumbar spine:** Upheld

**Claims Administrator 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-TWC), Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that this patient has recently received an epidural steroid injection at the left L4-L5 level. Guidelines recommend 1-2 visits over 1 week post-injection treatment to maximize the benefits of the injection. The previous reviewer has modified the request to 2 visits over one week. As such, the request for physical therapy 2-3 wk x 4 weeks for lumbar spine is not medically necessary.