

<b>Case Number:</b>	CM14-0068725		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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:

Patient is a middle-aged male with date of injury of July 21, 2013. He has chronic low back pain. Patient had physical therapy and epidural steroid injections. Lumbar MRI shows L4 chronic compression fracture with 80% loss of height anteriorly. There are postsurgical changes indicating lumbar fusion a multilevel laminectomy decompression. There is moderate bilateral foraminal stenosis. Patient had normal neurophysiologic lower extremity testing including EMG and nerve conductive velocity (NCV) in October 2013. Patient continues to complain of back pain radiating to the left leg. Physical exam shows back tenderness to palpation with positive straight leg raise. There is reduced range of lumbar motion, and weakness of the left leg. At issue is whether additional physical therapy is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter.

**Decision rationale:** This patient does not meet criteria for physical therapy lumbar spine at this time. Specifically the patient has chronic low back pain. The patient has had surgery. The patient is already had physical therapy for lumbar back pain. There is no documentation of significant improvement with previous physical therapy. There is also no documentation as to why additional physical therapy the patient had. Documentation of additional conservative measures the treatment chronic low back pain must be present in the medical records. Additional physical therapy at this time is not justified based on documentation the medical records. Again there is no documentation of improvement with previous physical therapy for this patient's chronic pain. There is no documentation as to why additional physical therapy is medically necessary.