

<b>Case Number:</b>	CM15-0009172		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 51 year old male who sustained a work related fall injury to his lower back on October 2, 2013. A magnetic resonance imaging (MRI) dated October 18, 2013 was performed. The injured worker was diagnosed with lumbago and lumbar radiculopathy. According to the primary treating physician's progress report on November 26, 2014 the injured worker continues to experience back pain that radiates to the left hip and leg. Evaluation at this time demonstrated flexion of the lumbar spine at 45 degrees due to severe pain. Straight leg raise is positive on the left at 80 degrees and negative on the right. The injured worker walks with an antalgic gait. Reflexes were absent at the ankle areas, 2+ at the patellae and equal strength in both legs. Past medications were noted as Norco, Steroids and Valium. Treatment modalities consist of physical therapy (12 sessions), aquatic pool therapy, and medication. The injured worker is on temporary total disability (TTD). The treating physician requested authorization for twelve (12) Physical Therapy sessions. On December 17, 2014 the Utilization Review modified the certification for twelve (12) Physical Therapy sessions to six (6) physical therapy sessions to allow for an abbreviated course to address the current complaint and to provide re-education in a home exercise program. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy

**Decision rationale:** The requested 12 sessions of Physical Therapy, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has back pain that radiates to the left hip and leg. The treating physician has documented demonstrated flexion of the lumbar spine at 45 degrees due to severe pain. Straight leg raise is positive on the left at 80 degrees and negative on the right. The injured worker walks with an antalgic gait. Reflexes were absent at the ankle areas, 2+ at the patellae and equal strength in both legs. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions nor the medical necessity for physical therapy in excess of the guideline recommended current trial of six sessions to evaluate functional improvement. The criteria noted above not having been met, 12 sessions of Physical Therapy is not medically necessary.