

<b>Case Number:</b>	CM15-0191683		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 33 year old male who sustained an industrial injury on 05-18-2012. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar strain with radiculopathy. According to the treating physician's progress report on 09-01-2015, the injured worker continues to experience low back pain with worsening right thigh pain. Examination demonstrated lumbar spine spasm and asymmetric range of motion on forward flexion. There was no tenderness noted with motor strength documented at 5 out of 5 of the bilateral lower extremities. Coordination and balance were intact. Tight hamstrings were documented. There was right extensor hallucis longus muscle weakness with positive crossed straight leg raise. The injured worker is on temporary total disability (TTD) and not working. Prior treatments have included diagnostic testing with lumbar spine magnetic resonance imaging (MRI) on 01-02-2013 (official report within the review), physical therapy (6 sessions in 2012), and chiropractic therapy (5 sessions) medications and lumbar support. Current medication dispensed was Ultram ER. Treatment plan consists of lumbar epidural steroid injection times 2 and the current request for physical therapy three times a week for 6 weeks for the lumbar spine to stretch hamstrings and strengthen abdominal muscles. On 09-10-2015, the Utilization Review determined the request for physical therapy three times a week for 6 weeks for the lumbar spine was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 6 weeks, lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** This patient is a 33 year-old man with a date of injury of 5/18/12 who was diagnosed with a lumbosacral strain and radiculopathy. An MRI of the LS spine shows only mild degenerative changes without evidence of nerve impingement and does not corroborate the claim of radiculopathy. The request is for 18 sessions of physical therapy (3/week for 6 weeks) to stretch the hamstrings and strengthen the abdomen. CA MTUS Guidelines recommend only 10 sessions for patients with this problem. There is no reason that a home exercise program cannot be recommended to continue with therapy and maintain gains achieved. Therefore, the request is not medically necessary or appropriate.