

<b>Case Number:</b>	CM15-0198421		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male who sustained an industrial injury 12-27-13. A review of the medical records reveals the injured worker is undergoing treatment for L4-5 disc herniation with right L4 and L5 fixed neurologic deficit. Medical records (07-06-15) reveal the injured worker complains of constant numbness involving his right foot that extends to his shin and is associated with some intermittent leg weakness, as well as low back pain. His back pain is constant although "the discomfort is much improved on medication." He is employed full time and works 40-48 hours per week in a grocery store service deli, meat and seafood department. The physical exam (07-06-15) reveals "modest" tenderness involving the lower paraspinal region mostly on the right side that extends over the sciatic notch. No loss of muscle tone is present in the lower extremities. There is some weakness in the right extensor hallucis longus muscle compared to the left. Foot inversion on the right side is also mildly attenuated versus the left. Sensation to light touch is decreased involving the plantar and dorsal surface of the foot, extending into the pretibial region of the right leg. Range of motion in the lumbar spine is diminished. Prior treatment includes medications, home exercise program, lumbar bracing, and heat. The original utilization review (10-08-15) non-certified the request for 8 sessions of physical therapy for the 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 times a week for 4 weeks for the lumbar spine: Upheld**

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

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

**Decision rationale:** The medical records indicate the patient has ongoing low back and lower extremity numbness and tingling. The current request is for physical therapy 2 x a week for 4 weeks for the lumbar spine. I do not have a progress report for the date requesting the physical therapy in question. The most up to date report I have for review is dated 6/9/15 which states the patient is to continue a home-based exercise program and will likely be released from active care at the next follow-up. The CA MTUS guidelines does recommend physical therapy as an option for chronic pain, at a decreasing frequency with a transition into independent home-based exercise. The CA MTUS does recommend for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the attending physician states the patient is much better with the therapy and his medication. He notes that the patient is to continue with a home-based exercise program which is the gold standard of care. He states that the patient is likely to be released from active care. I have no records which discuss an acute exacerbation of his condition. The current request exceeds guideline recommendations and therefore is not medically necessary based upon the available documentation. The request is not medically necessary.