

<b>Case Number:</b>	CM15-0021579		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Arizona

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 61-year-old male who reported an injury on 03/05/2013. The mechanism of injury was not provided. The diagnoses included sprain/strain of the lumbar spine and sacroiliac joint, head injury, cervicgia, and contusion. There was a Request for Authorization submitted for review dated 01/15/2015. The documentation of 01/05/2015 revealed the injured worker had a cervical and lumbar spine condition that was unchanged. The medications included meloxicam 15 mg and nortriptyline 50 mg. The injured worker had paravertebral musculature tenderness and a Spurling's maneuver that was positive bilaterally and decreased range of motion. The sensory testing and motor testing were intact to the upper extremities. The injured worker had lumbar paravertebral tenderness bilaterally at L4-5 and on the left in the buttocks, sciatic notch, and sacroiliac joint. The injured worker had decreased range of motion of the lumbar spine. The injured worker had a positive sitting straight leg raise, supine straight leg raise, and Lasegue's bilaterally. The injured worker underwent x-rays of the lumbar spine on 01/29/2014 which revealed at L5-S1 there was chronic spondylolisthesis, grade 2, and there were no fractures. The diagnoses included spondylolisthesis of the lumbosacral region, sacroiliac ligament sprain/strain, lumbar myofascial sprain/strain, and spinal stenosis lumbar. The treatment plan included physical therapy 2 to 3 times per week times 4 to 6 weeks for increased range of motion and strengthening of the cervical and lumbar spine using all modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy 2-3 Times A Week for 4-6 Weeks for The Lumbar Region As An Outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation of prior therapies as the injury was reported in 2013. There was a lack of documentation of functional deficits to support the necessity for 18 additional sessions. Given the above and the lack of documentation, the request for 18 physical therapy 2-3 times a week for 4-6 weeks for the lumbar region, as an outpatient is not medically necessary.