

<b>Case Number:</b>	CM13-0041943		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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:

The patient is a 54-year old male with a date of injury of 11/27/12. The patient has a back injury due to cumulative trauma from work as a forklift driver. The patient had conservative care, including physical therapy, but due to persistent symptoms, he was referred to an orthopedic specialist on 1/03/13. There, he had further conservative care, including additional physical therapy. Then another orthopedic specialist evaluated the patient on 6/04/13. The orthopedist noted that physical therapy provided him no relief. The patient has low back pain that radiates to the right leg/foot. Orthopedic exam shows tender points, spasms, a positive right straight leg raise, 4/5 weakness, and reduced range of motion. Sensory exam shows reduced sensation at the right L5 dermatome. The orthopedist diagnosed the patient with lumbar disc herniation, lumbar degenerative joint disease, degenerative disc disease, myosarthritis, and right lumbar radioclititis. An ESI was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES FOUR FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 130-132. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Guidelines recommend 10-12 sessions of physical therapy for this diagnosis. However, this patient has had extensive prior physical therapy. The patient had physical therapy prescribed by the primary treating physician, then by an orthopedist, and then by another orthopedist. Though the total sessions of physical therapy to date since the date of injury are not provided, it is clear that the total would be well over 12 sessions. It should also be noted that the second orthopedist stated that the patient had prior physical therapy, which was not helpful. As such, the request for additional physical therapy is noncertified.