

<b>Case Number:</b>	CM14-0123482		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 37 year old male who was injured on February 20, 2013 to the lower back. The mechanism of injury is noted as an ill fitting chair. The diagnoses listed as displacement of lumbar intervertebral disc without myelopathy (722.10). A clinical note dated 6/10/14 revealed complaints of buttocks and left leg pain. Physical examination revealed ambulation without difficulty, negative bilateral straight leg raise, lumbosacral bending was limited to about fifty percent of expected range due to stiffness and pain, no pain in the sciatic notch or the popliteal fossa, heel and toe walking and knee bends were well performed, no paravertebral muscle spasm or tenderness, lumbar range of motion in forward bending showed that hand reaching to mid shins; backward bending was 75 percent from a previous of 25 percent; bilateral side bending reached to a proximal fibular head, and there was end range plain of flexion and extension; right hip flexion and extension were 4+/5; left hip flexion was 4/5 and extension was 4-/5 right knee extension and extension 4+/5, left knee extension and extension were 4/5, right ankle dorsiflexion was 4/5, and left ankle was 4-/5. It was documented that overall her symptoms have shown some improvement. At this visit she was recommended physical therapy for core strengthening and improvement of tolerance for sitting walking, and low back strengthening exercises. The most recent progress note dated 6/17/14 reveals complaints of buttock and left leg pain. Physical examination revealed that genitourinary findings were unremarkable; sensation was intact to light touch from L1 to S4. A urinalysis dated 2/20/14 revealed normal results. Prior treatment includes medications, twelve completed sessions of physical therapy, now participates in a home exercise program. A prior utilization review determination dated 7/3/14 resulted in denial of physical therapy sessions to lumbar spine twice per week for six weeks.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy sessions to lumbar spine 2 X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy

**Decision rationale:** The claimant has chronic low back pain following an alleged industrial injury 2/20/2013. The claimant has been afforded previous monitored physical therapy and has been taught a self directed Home exercise program. The note of 6/10/14 revealed complaints of buttocks and left leg pain. Physical examination revealed ambulation without difficulty, negative bilateral straight leg raise, lumbosacral bending was limited to about fifty percent of expected range due to stiffness and pain, no pain in the sciatic notch or the popliteal fossa. Therefore the request for additional physical therapy is not medically necessary.