

<b>Case Number:</b>	CM14-0124646		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/27/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 male with chronic low back pain. He has a date of injury of March 27, 2011. The patient takes narcotic medicine for pain. The patient also has a history of elbow fracture and extremity pain. On physical examination he is an obese male with an antalgic gait. He has nonspecific tenderness over the left elbow. A Lumbar spine examination shows positive can't attest and positive Patrick test. The patient has reduced range of lumbar motion and tenderness palpation lumbar spine. The patient has been diagnosed with lumbar sprain and radiculitis. MRI lumbar spine shows lumbar disc bulges at L1 wedge deformity. At issue is whether physical therapy 2 times a week for 6 weeks is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week for 6 weeks to lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**Decision rationale:** The patient does not meet establish criteria for physical therapy of the lumbar spine. Guidelines state that 10-12 visits or appropriate for lumbosacral radiculitis over 8 weeks. This patient was injured in 2011 in the medical records do not document that there is any prior physical therapy and whether or not the physical therapy provide any benefit. Given the lack of documentation the medical records it is unclear as to what conservative measures the patient is previously had over the past few years for his back pain. He remains unclear, physical therapy the patient has had, treatment he has had. Since his date of injury was in 2011, the likelihood of physical therapy at this point post injury is very low to improve his chronic back pain. Coupled with the fact that there is no documentation of previous conservative measures, request for physical therapy lumbar spine is not medically necessary. Criteria for physical therapy lumbar spine at this point many years post injury date and without documentation of previous conservative measures is not met.