

<b>Case Number:</b>	CM14-0126078		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 50 year-old male. The patient's date of injury is 4/01/2013. The mechanism of injury was described as being stuck on the left hip by a pallet of lumber and landing on his back. The patient has been diagnosed with left leg radiculopathy, lumbar lipomatosis, and facet disorder, L4-L5 grade 1 spondylolisthesis, left hip contusion. The patient's treatments have included imaging studies, and medications. The physical exam findings dated 1/23/2014 shows the patient is in no apparent distress. The lumbar exam revealed a decreased range of motion with flexion and extension. There is tenderness in the paraspinals, left greater than right. There is a positive Kemp's sign on the left. There is also a straight leg test noted bilaterally. The patient's medications have included, but are not limited to, hydrocodone, Tramadol, Ibuprofen, Carisoprodol, Naproxen, Elavil, Ambien, and Omeprazole. The request is for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times 6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy. MTUS guidelines state the following: 8-10 PT visits over 8 weeks for myalgias and neuralgia, 1-2 visits to instruct in a home exercise program. The request exceeds the recommended amount of physical therapy recommended. According to the clinical documentation provided and current MTUS guidelines; physical therapy is not indicated as a medical necessity to the patient at this time.