

<b>Case Number:</b>	CM14-0133234		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Physical Medicine & 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:

This 27 year-old patient sustained an injury on 9/2/13 from lifting boxes of salsa while employed by [REDACTED]. Request(s) under consideration include Additional 12 visits of Physical Therapy for Lumbar Spine. Diagnoses include lumbar spine sprain/strain; sciatica. MRI of the lumbar spine dated 9/6/13 showed degenerative disc disease, L3-4, L4-5, and L5-S1 disc protrusions with spinal stenosis and nerve root impingement at L5 nerve root. Physical therapy report of 7/10/14 noted low back complaints with improved strength with limited trunk motion and weakness, having completed 8 PT sessions. Report of 7/24/14 from the provider noted chronic low back pain with left leg numbness and testicular pain. Physical therapy had been helpful. Exam showed patient able to heel walk; lumbar with limited range; tenderness at left SI joint; positive SLR and Lasegue's; left calf atrophy; DTRs of 2+ symmetrical bilaterally. The request(s) for Additional 12 visits of Physical Therapy for Lumbar Spine was partially-certified for 3 visits on 8/6/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 visits of Physical Therapy for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** This 27 year-old patient sustained an injury on 9/2/13 from lifting boxes of salsa while employed by [REDACTED]. Request(s) under consideration include Additional 12 visits of Physical Therapy for Lumbar Spine. Diagnoses include lumbar spine sprain/strain; sciatica. MRI of the lumbar spine dated 9/6/13 showed degenerative disc disease, L3-4, L4-5, and L5-S1 disc protrusions with spinal stenosis and nerve root impingement at L5 nerve root. Physical therapy report of 7/10/14 noted low back complaints with improved strength with limited trunk motion and weakness, having completed 8 PT sessions. Report of 7/24/14 from the provider noted chronic low back pain with left leg numbness and testicular pain. Physical therapy had been helpful. Exam showed patient able to heel walk; lumbar with limited range; tenderness at left SI joint; positive SLR and Lasegue's; left calf atrophy; DTRs of 2+ symmetrical bilaterally. The request(s) for Additional 12 visits of Physical Therapy for Lumbar Spine was partially-certified for 3 visits on 8/6/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many total PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Additional 12 visits of Physical Therapy for Lumbar Spine is not medically necessary and appropriate.