

<b>Case Number:</b>	CM14-0145670		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine 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 injured worker is a 47 year old female who was injured on January 16, 2014. It was noted on July 16, 2014 she was cleaning out her closet and felt her back go out, she felt a pop in her back. The next day she went to the emergency room in extreme pain and vomiting. The diagnoses listed as sprain lumbar region (847.2), thoracic or lumbosacral neuritis or radiculitis unspecified (724.4). The most recent progress note dated 7/30/14, reveals complaints of ongoing back pain radiating to the right foot, tingling from her right buttocks from her right buttocks to her right foot, tosses and turns all night, numbness at the ball of her foot. Pain is rated an 8 out of 10 on visual analog scale (VAS) at rest and how has. It was also noted. Pain increases with prolonged sitting and standing. Physical examination reveals normal gait, able to heel and toe walk with pain, able to squat with back pain, forward bend is 70 degrees with back pain, limited extension due to back pain, tenderness in the lumbosacral area particularly on the right, straight leg raise causes back pain at 70 degrees and is negative on the left to 90 degrees, Faber test is positive on the right and negative on the left, sensory is intact except for complaints of numbness in the plantar aspect of the foot no focal deficits. Prior treatment includes medications, heat and ice, Salonpas (reduces pain to 5 out of 10 on VAS); five physical therapy visits without improvement, six acupuncture visits, and medications. Electrodiagnostic imaging includes an MRI of the lumbar spine dated 5/1/14 reveals multi level degenerative disc disease (DDD) worst at L5 to S1, asymmetric disc bulge to the right, moderate left lateral recess narrowing, remainder of the lumbar spine demonstrates minimal DDD at without significant impression of the lumbar thecal sac lateral recesses of neural foramina. A prior utilization review determination dated 8/27/14 resulted in denial of physical therapy two times a week for six weeks for the lumbar spine quantity twelve.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for six weeks for the lumbar spine QTY: 12:** Upheld

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

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

**Decision rationale:** In this case, the records indicate that the injured worker has had 5 PT visits; however, there is no record of progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the injured worker utilizing an HEP (At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.