

<b>Case Number:</b>	CM14-0190928		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Occupational 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:

This case involves a male injured worker who sustained an injury on 6/15/2011. Per the primary treating physician's progress report dated 8/6/2014, the injured worker complains of low back pain. He continues to have moderate to severe spasm to the lower back as well as pain to the neck with associated headaches. He has had improvement with acupuncture. Physical examination of the lumbar spine reveals spasm and paraspinal tenderness to palpation. Straight leg raise test is positive on the left. Reflexes are 2+ in the bilateral lower extremities. Forward flexion is 50 degrees, extension 20 degrees, and lateral bending to the right and left is 15 degrees. There is decreased sensation at the lateral aspect of the left thigh and dorsal and lateral aspect of the left foot. Diagnosis is lumbar spine disc bulge, with left sided radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 session physical therapy for the lumbar:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis unspecified; receive 9-10 visits over 8 weeks. The injured worker has been injured for over three years. He has recently completed 12 sessions of physical therapy without evidence of significant benefit. It is not reported how much therapy in total he has had over the past three years for his low back injury. Medical necessity for additional therapist guided physical therapy has not been established. Therefore, the request for 12 session physical therapy for the lumbar is not medically necessary.