

<b>Case Number:</b>	CM14-0219081		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 (IW) is a 51 year old male, who sustained an industrial injury on 5/10/2013. He has reported moderate to severe low back pain after lifting a car panel and twisting to set it on a piece of industrial equipment and was diagnosed with lumbar disc herniation, right carpal tunnel syndrome, sprain/strain of the lumbar spine, muscle spasms of the back and back pain. Treatment to date has included lumbar epidural at the lumbar (L)4-5 with fluoroscopic control, surgical consultation, pain medications, heat and ice packs, chiropractic care, lumbar support, muscle relaxers and anti-inflammatories. Currently, the IW complains of chronic low back pain. The injured worker sustained a work related injury resulting in low back pain. Follow up appointments remained unchanged with complaints of severe low back pain. Chiropractic adjustments were initiated however it is noted there was little improvement. On June 3, 2013, the condition remained the same and a magnetic resonance image (MRI) of the back was ordered. MRI noted positive changes including lumbar spondylosis and the work status was restricted with a back brace and no stooping, squatting or lifting. More physical therapy sessions and an epidural steroid injection were recommended. On November 7, 2013, he reported no significant improvement. Further diagnostic studies revealed lumbosacral sprain with radicular symptoms, lumbar disc herniation and central and neuroforaminal stenosis. Physical therapy sessions were put on hold due to pain. On April 4, 2014, he underwent an epidural steroid injection (ESI). MRI of the lumbar spine on October 9, 2014, revealed multilevel degenerative changes with extensive multilevel disc narrowing and spinal canal stenosis. The recommendation for another injection was made. On November 30, 2014, Utilization Review (UR) non-certified a request for 6

additional physical therapy sessions noting the MTUS guidelines. On December 1, 2014, the injured worker submitted an application for IMR for review of a request for 6 additional PT visits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PT lumbar 2x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

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

**Decision rationale:** The request for PT lumbar 2 x 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition with a progression to an independent home exercise program. The documentation indicates that the patient has had extensive physical therapy already for the low back. The patient should be well versed in home exercise program. There are no extenuating circumstances that require 6 more supervised therapy sessions therefore this request is not medically necessary.