

<b>Case Number:</b>	CM15-0011398		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/06/2000
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male with a date of injury of 07/06/2000. His mechanism of injury was not included. His diagnoses included status post lumbar laminectomy, lumbar disc disease, scar tissue over the right L5 nerve root, lumbar radiculopathy in the right L5 and S1, right sacroiliac joint arthropathy. His past treatments have included epidural steroid injection, sacroiliac joint rhizotomy, physical therapy, home exercise program, pain medication, and work modification. His diagnostic studies have included EMG and MRI. His surgical history included a discectomy and laminectomy of the lumbar spine at L4-5 on 06/26/2013. The permanent and stationary report dated 12/08/2014 documented the injured worker had complaints of pain he described as a 3/10, achy, sharp, with a shooting sensation to the right lower extremity. Physical examination findings included tenderness and hypertonicity noted to the lumbar paraspinal muscles and bilateral quadratus lumborum muscles. Palpation of the right gluteal muscles and right piriformis revealed tenderness and hypertonicity. Palpation of the right sacroiliac joint, right sciatic notch, and right lumbar spine revealed tenderness. He was noted to have a positive Kemp's and Valsalva test bilaterally, Gaenslen's test was positive on the right, positive straight leg raise at 55 degrees. His medications included Motrin 800 mg and tramadol ER 150 mg. His treatment plan included a request for physical therapy 2 times a week for 6 weeks to the lumbar spine, right sacroiliac joint, and right piriformis muscle; a possible right piriformis injection; continue pain medication. The injured worker was encouraged to continue his home exercises and stretches. Return to clinic in 4 to 6 weeks. The rationale for the request was no included. The Request for Authorization Form was not included.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2x6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for physical therapy, 2x6 for the lumbar spine is not medically necessary. The progress report dated 11/11/2014 documented the injured worker was doing significantly well. He was engaging in daily exercise and stretches. He reported that he was taking Motrin intermittently, and only taking his medications intermittently. He continued to report right sciatica type pain symptoms on palpation. The California MTUS Guidelines state active therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As indicated in the progress report, the injured worker continues to engage in daily exercise and stretching. This injury occurred in 2000, and the injured worker stated he is engaging still in daily exercises and stretches, and only needing his pain medication intermittently. There is a lack of documentation of current functional deficits, including decreased range of motion and decreased motor strength. There is also a lack of documentation regarding previous physical therapy, if it was received for the same body part, if there was objective functional improvement, and how many visits. Therefore, the request for physical therapy, 2x6 for the lumbar spine is not medically necessary.