

<b>Case Number:</b>	CM15-0174417		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/12/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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

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 57 year old male who sustained an injury on 5-12-15 resulting from repetitive lifting of heavy boxes. Diagnoses are lumbar strain; lumbar radiculopathy and lumbar disc herniation. MRI lumbar spine 6-16-15 reveals L4-L5 7-8 mm left paracentral disc protrusion impinging upon and compressing the left anterior aspect of the thecal sac and extending into the left proximal neural foramen; facet arthropathy. Medications prescribed on 7-2-15 included Acetaminophen 500 mg 1-2 tablets every 4-6 hours as needed; Hydrocodone Bit, Acet 2, 5-325 mg; Amitriptyline 10 mg and Prednisone 10. The most current progress report (8-5-15) indicates his chief complaints are back pain; bilateral SI, buttock pain and right leg pain. Range of motion lumbosacral spine was 50% of normal; paraspinal muscle strength within normal limits; tender midline low back both SI joints right more than left; straight leg raise test negative bilaterally; gait was normal. The recommendation was a course of physical therapy (18 sessions) for his severe pain; and a right L4-5 transforaminal epidural injection. He has responded to oral steroids but there was only temporarily effective. Current requested treatments 18 sessions physical therapy for lumbar spine. Utilization review 8-20-15 requested treatment non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 sessions of physical therapy for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic), Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with back pain, bilateral SI/buttock pain, and right leg pain. The request is for 18 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE. The request for authorization is not provided. MRI of the lumbar spine, 06/16/15, shows L4-L5 7-8 mm left paracentral disc protrusion impinging upon and compressing the left anterior aspect of the thecal sac and extending into the left proximal neural foramen. Physical examination of the lumbosacral spine reveals tender midline low back both SI joints right more than left. Range of motion is 50% of normal. Patient's medication include Norco. Per progress report dated 06/17/15, the patient to remain off-work. MTUS, Physical Medicine Section, pages 98, 99 states: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Review of provided medical records show no evidence of prior Physical Therapy sessions. In this case, the patient continues with low back pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, the current request for 18 sessions of Physical Therapy exceeds what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.