

<b>Case Number:</b>	CM15-0094407		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	12/08/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Emergency 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 is a 33-year-old male, who sustained an industrial injury on December 8, 2014. The injured worker was diagnosed as having herniated nucleus pulposus (HNP) with myelopathy. Treatment to date has included physical therapy. A progress note dated April 8, 2015 provides the injured worker complains of low back pain and leg pain rated 8/10. He reports physical therapy is helping. Physical exam notes decreased lumbar range of motion (ROM) with tenderness and spasm. There is positive straight leg raise and decreased sensation. Magnetic resonance imaging (MRI) and x-ray were reviewed revealing degenerative disc disease (DDD) and herniated nucleus pulposus (HNP). The plan includes physical therapy and possible epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 58-59 of 127.

**Decision rationale:** The patient sustained an injury in December of 2014. He has been diagnosed with a herniated nucleus pulposus with myelopathy. He has been treated with physical therapy and the request is for further treatments. The MTUS guidelines state that active at home therapy would be superior then passive manipulation, which is less effective. A Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is inadequate documentation of functional improvement seen. Therefore, the request is not medically necessary.