

<b>Case Number:</b>	CM15-0096676		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Massachusetts

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

### 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 28 year old female sustained an industrial injury on 11/7/14. She subsequently reported back pain. Diagnoses include spondylolisthesis L5 to S1 and protrusion 3 mm at L4-5 and 4 mm at L5-S1 with neural encroachment and radiculopathy. Treatments to date include MRI and x-ray testing, modified work duty and prescription pain medications. The injured worker currently experiences low back pain which radiated to the lower extremities, right greater than left. Upon examination, there was tenderness to palpation over the lumbar spine. Range of motion was reduced. Straight leg raise was positive on the right for pain to foot at 35 degrees and left for pain to distal calf at 40 degrees. Spasm of lumboparaspinal musculature was noted. A request for Physical therapy 3 x 4 for the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface,

Physical Therapy Guidelines (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in November 2014 and continues to be treated for radiating low back pain. Treatments have included 6 physical therapy treatments in December 2014. When seen, there was decreased lumbar spine range of motion with tenderness and muscle spasms and straight leg raising was positive. Recommendations included physical therapy and epidural steroid injections. Guidelines recommend 10-12 visits over 8 weeks for the treatment of sciatica. In this case, the number of visits requested is in excess of that recommended or that would be needed to establish a home exercise program. The request is not medically necessary.