

<b>Case Number:</b>	CM13-0009899		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41 year old female with date of injury 10/1/10. The treating physician report dated 8/6/13 indicates that the patient presents with chronic lumbar pain with right leg pain. The current diagnoses are L5/S1 right radiculopathy and myofascial pain. The utilization review report dated 8/6/13 denied the request for 6 PT sessions based on the rationale that the patient has previously been treated with PT and the patient should perform home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 PHYSICAL THERAPY SESSIONS FOR TREATMENT OF THE LUMBAR SPINE, ONCE A WEEK FOR 6 WEEKS AS AN OUTPATIENT.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The patient presents with increased pain affecting the lumbar spine with right leg pain. The 4/29/11 MRI report indicates L5/S1 right paracentral disc extrusion that compresses the descending right S1, S2 and borderline S3 nerve roots with possible

sequestration. The treating physician notes that it has been over one year since the patient has received any physical therapy. Physical examination reveals lumbar flexion and extension at 80-90% of normal with increased pain, sensation is decreased in the L5/S1 distribution and absent ankle reflex on the right. The California MTUS guidelines indicate that PT is recommended: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The provider in this case has documented that the patient has chosen to avoid surgery and has been able to complete her schooling with the usage of epidural injections, physical medicine and no medication usage. There appears to have been some PT performed early on in this case with no documentation of the total number of visits performed. The documentation provided for review indicates that the patient's condition has flared and she has not received PT in over a year. Recommendation is for authorization.