

<b>Case Number:</b>	CM13-0033980		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/26/2000
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 51-year old female with an injury on 3/26/2000 to the lower back with no specific mechanism of injury. Patient had extensive treatments including over 100 sessions of physical therapy (PT), 2 radiofrequency neurotomy (RFN) ablations of the L4-L5 and L5-S1 facets on 11/14/12 and 10/24/13, oral medications including percocet and IBP, Lidoderm patches and Tens unit. PTP PR2 on 10/28/13 reveals patient with low back pain left greater than right, pain is constant, persistent and with no radiation. Diagnosis of back pain and lumbar spondylosis left side L3-L5. She has had 80-90% improvement in back pain with previous RFN. The request is for a left L3, L4 and L5 lumbar radiofrequency neurotomy and 12 PT post RFN. UR approved the RFN but modified the PT to 2 sessions from the 12 requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 300-301, 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 181, 300-301, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** CA MTUS chronic pain guidelines do not have a specific number of PT sessions for post neurotomy treatment. Therefore, physical medicine guidelines were used. MTUS allows for "Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks" The request for 12 visits exceeds this request as guidelines allow for 3 visits fading to 1 per week. A few PT sessions would be appropriate to assess the patients benefit from therapy. Therefore, as guides do not recommend this many PT sessions, the request is not medically necessary.