

<b>Case Number:</b>	CM13-0035120		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/10/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California and Texas. 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 injured worker is a 58-year-old female who reported an injury on 01/10/2010. The mechanism of injury was not stated. Current diagnoses include thoracic or lumbosacral neuritis or radiculitis, vitamin D deficiency, pain in a joint of the shoulder region, brachial neuritis or radiculitis, and spinal stenosis. The injured worker was evaluated on 08/27/2013. The injured worker has completed 5 out of 12 authorized sessions of physical therapy. Physical examination revealed tenderness in the iliolumbar region, diminished strength, and painful lumbar range of motion. Treatment recommendations at that time included a prescription for Lyrica 75 mg as well as continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TIMES TWELVE LUMBAR/DENIED BY PHYSICIAN ADVISOR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. As per the documentation submitted, the injured worker has completed 5 out of 12 approved sessions of physical therapy. However, there is no documentation of objective functional improvement. The medical necessity for 12 sessions of physical therapy in addition to the previously authorized 12 sessions has not been established. An additional 12 sessions would further exceed guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request for twelve (12) physical therapy sessions for lumbar spine are not medically necessary and appropriate.