

<b>Case Number:</b>	CM13-0054357		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 and is licensed to practice in Illinois. 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 39 year old female with a reported date of injury on 03/26/2013. The mechanism of injury was cumulative trauma. The injured worker's diagnoses included lumbar strain, thoracic strain with right sided spasm, low back pain with L5 radiculopathy, right foot tendinitis, stress/anxiety, and lumbar spine herniated nucleus pulposus with radiculopathy. The injured worker's previous treatments have included medications, physical therapy, home exercise program, epidural steroid injection, acupuncture, lumbar support, facet joint injection, and heat. The injured worker's previous diagnostic testing included an EMG/NCV on 05/23/2013 where findings were consistent with bilateral L5 nerve root impingement, and a lumbar MRI which revealed positive findings for herniated nucleus pulposus. No pertinent surgical history was provided. A physical therapy note dated 05/09/2013 reported improved tolerance to therapeutic exercises except bridge and elbow pop, decreased muscle spasms, normal gait and transfer velocity, and range of motion within functional limits. On 08/12/2013 the clinician observed and reported lumbar range of motion as 40 degrees of flexion, 25 degrees of extension, 25 degrees lateral. The injured worker rated her pain as 7-8/10 without medications or therapy and 5/10 with medications only. On 11/06/2013 the injured worker complained of low back pain rated 7/10. The clinician observed and reported her lumbar range of motion in flexion at 40/60 degrees and extension 10/25 degrees. On an undated examination, following the 11/06/2013 visit, the injured worker's lumbar range of motion was measured at 40/50 degrees of flexion, 10/20 degrees of extension, 25/30 degrees of right and left rotation, and 25/30 degrees of right and left lateral flexion. The injured worker's medications included tramadol 50 mg twice per day as needed for pain, naproxen sodium 550 mg twice per day for inflammation, and omeprazole 20 mg twice per day 30 minutes before meals for gastric protection. The request was for physical therapy twice a

week for four weeks for the lumbar spine. No rationale was provided. The request for authorization form was submitted 10/04/2013, 10/29/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy Twice a Week for Four Weeks for the Lumbar Spine: Upheld**

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

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

**Decision rationale:** The injured worker has completed an unspecified number of physical therapy visits. The MTUS Chronic Pain Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), for a total of 8-10 visits over 4 weeks plus active self-directed home Physical Medicine. Physical therapy goals are to control symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries while restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The provided documentation did not specify the number of physical therapy sessions the injured worker has completed and no significant change in range of motion or pain control was reported. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the physical therapy. Therefore, the request for physical therapy twice a week for four weeks for the lumbar spine is not medically necessary.