

<b>Case Number:</b>	CM13-0058730		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/06/2007
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female with a date of injury of 4/6/07. Her diagnoses include lumbar disc displacement L4-L5, lumbago, lumbosacral neuritis, myospasm, cervical dystonia. Her past treatment has included medication management, ENS (nerve stimulator) physical therapy, ice treatment, heat treatment, facet joint injection, epidural steroid injection, chiropractic, acupuncture, traction and aquatic therapy, and trigger point injections. She has had a neck fusion at C5-6 in 1994. There is a request for 9 therapy visits for the lumbar spine between 11/19/13 and 1/3/14. There is a 12/4/13 office note from a pain management physiatrist who states that the patient came for follow up on lumbar spine, cervical spine, left leg and left hip. She reports having decreased spasms into bilateral legs since starting Tramadol ER. Her neck and low back pain are constant and are aggravated with increased activity. She is scheduled for a lumbar fusion surgery on 1/8/13. She is reporting increased 8 out of 10 pain in the lumbar spine described as sharp, shooting, and spasmodic, She reports of increased 6 out of 10 pain In the cervical spine described as aching, numb, sharp, tightness She reports of increased 6 out of 10 pain In the left leg described as numb, sharp, shooting, spasm, and tingling. She reports of unchanged pain in the right leg. She reports of decreased 6 out of 10 pain in the left hip, which is described as aching and sharp. She is not currently working. She reports difficulty with sleep. The patient was last seen on 11/12/2013. On physical exam there is no abnormal curvature of the spine There is tenderness to palpation over the right lumbar facets, left lumbar facets, right thoracic facets, left thoracic facets, right paravertebral thoracic spasm, left paravertebral thoracic spasm, right paravertebral lumbar spasm, left paravertebral lumbar spasm, right sacroiliac joint, left sacroiliac joint, right buttock, left buttock. Straight leg raise is positive on the right at 90 degrees and on the left at 80 degrees. Faber is negative for the right and for the left. Gait is antalgic. Muscle tone

without atrophy or abnormal movements. Lateral Flexion Right 25; Lateral Flexion Left 20; Flexion 40; Extension 10. There is spasm and pain with extension and forward flexion. There is tenderness to palpation around the iliac crease/left sacroiliac but no hypermobility. The discussion indicates that a lumbar fusion is planned and while the patient is waiting for authorization she had a flare up of lumbar pain and 9 PT sessions were ordered as well as meds and epidural injections.

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

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

#### **9 THERAPY VISITS FOR THE LUMBAR SPINE BETWEEN 11/19/2013 AND 01/03/2014.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, ONLINE VERSION: PHYSICAL THERAPY

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

**Decision rationale:** Nine therapy visits for the lumbar spine between 11/19/13 and 1/3/14 are not medically necessary per the MTUS guidelines. The MTUS guidelines recommend up to 10 visits for patient's condition of low back pain/lumbosacral neuritis. The documentation submitted states that patient has had multiple prior physical therapy visits. There is no objective documentation of functional improvement or decrease in pain from prior therapy. The patient continues to have pain and is waiting for authorization for lumbar surgery. The request for an additional 9 therapy visits for the lumbar spine between 11/19/13 and 1/3/14 is not medically necessary and would exceed guideline recommendations. The request for 9 therapy visits for the lumbar spine between 11/19/13 and 1/3/14 is therefore not medically necessary.