

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0062728 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 06/19/2008 |
| <b>Decision Date:</b> | 04/04/2014   | <b>UR Denial Date:</b>       | 11/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2013 |

### 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 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 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:

This patient is a 61-year-old female with a date of injury of 06/19/2008. The listed diagnoses per [REDACTED] dated 11/07/2013 are: (1) Segmental instability spondylolisthesis at L4-L5, (2) Left knee sprain/strain, (3) Right knee strain/sprain, (4) Cervical spine strain/sprain, (5) Bilateral shoulder sprain/strain, (6) Bilateral elbow strain/sprain, (7) Bilateral wrist and hand strain/sprain, (8) Gastritis, (9) Symptoms of anxiety and depression, (10) Insomnia, (11) Fibromyalgia. According to report dated 11/07/2013, this patient presents with complaints of low back pain that radiates down to the bilateral lower extremities and bilateral knees. Examination of the lumbar spine revealed decreased range of motion in the flexion and extension. Straight leg raise, cross, and Lasegue's test were noted positive on the right. It was noted that patient had tightness and spasm in the paraspinal musculature. The treater is requesting physical therapy 2 times a week for 6 weeks for focusing on the lumbar spine and left knee. It was noted the focus should include strength training, increasing of range of motion, and decreasing of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PT FOR THE LUMBAR SPINE (NOT SPECIFIED # OF VISITS AND DURDATION):**

Upheld

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

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

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting physical therapy sessions 2 times a week for 6 weeks to focus on strength training, increasing range of motion, and decreasing pain. Utilization review dated 11/18/2013 denied request stating number of visits and duration were not specified. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuralgia-type symptoms 9 to 10 visits over 8 weeks. Review of medical records from 03/19/2013 to 11/07/2013 provide no indication that the patient has received recent lumbar and knee physical therapy sessions. The patient may have received some therapy early on in the injury. A short course of therapy may be reasonable given the patient's current clinical situation. However, the requested 12 sessions exceed what is allowed by MTUS guidelines for this type of diagnosis. Therefore, request not medically necessary.