

<b>Case Number:</b>	CM14-0001136		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 & 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 45-year-old female with a reported date of injury on 01/18/2010. The injury reportedly occurred when the injured worker was going to pick up a basket and felt a stretching cramp in her low back. Her diagnoses were noted to include lumbar sprain/strain, right lumbar radiculopathy and L5-S1 disc disease with radicular symptoms. Her previous treatments were noted to include physical therapy, chiropractic treatment, injection and medications. The progress note dated 12/13/2013 revealed that the injured worker complained of back pain that radiated to the right leg. The injured worker noted improvement with the medication; but without the medication, her pain was rated at a 9/10. The injured worker reported discomfort in the neck and reported that she has not gone to physical therapy yet. The physical examination of the cervical spine revealed aching pain in the neck rated at a 1/10 in intensity with medications and 10/10 in intensity without medications. The physical examination of the lumbar spine revealed constant aching and burning pain to the lower back, rated at a 1/10 to 2/10 in intensity with medications and a 9/10 in intensity without medications. There was radiation of pain into the right leg and complaints of weakness, giving way and numbness of the bilateral legs. The injured worker reported that the intensity of the pain in her neck, low back and bilateral lower extremities on a daily basis was causing her difficulty in performing her daily activities, including bending, stooping, lifting, pushing, pulling, twisting, squatting, walking, standing, sitting, reaching and difficulty sleeping. The examination of the thoracolumbar spine revealed that flexion was to 40 degrees; extension was to 20 degrees right/left lateral bending was to 20 degrees, and rotation was to 20 degrees. The detailed motor examination of the lower extremities was from L1-S1 and was normal, with all muscle groups testing at a 5/5. The straight leg raise was positive bilaterally, and Lasegue's was positive on the right side. The Request for Authorization was not submitted within the medical records. The request is for

physical therapy 3 times a week times 3 weeks for the lumbar spine to improve her activities of daily living.

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

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

#### **Physical Therapy 3x wk x 3 wks Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter: Low Back Lumbar & Thoracic (Acute & Chronic), Physical Therapy Guidelines.

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

**Decision rationale:** The request for physical therapy 3 times a week times 3 weeks for the lumbar spine is not medically necessary. The injured worker has had previous physical therapy sessions. The California MTUS Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed in and expected to continue with active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guideline recommendations for neuralgia, neuritis and radiculitis are 8 to 10 visits over 4 weeks. The injured worker has current measurable objective functional deficits in regards to range of motion; however, there was a lack of documentation regarding quantifiable objective functional improvements with the previous physical therapy and the number of physical therapy sessions completed. Therefore, the request is not medically necessary.