

<b>Case Number:</b>	CM14-0015958		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 and Rehabilitation 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 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 46-year-old female injured on 02/09/2012 due to a fall. The injured worker received conservative care with acupuncture and physical therapy. The injured worker received a total of 12 sessions with no reportable improvement in levels of pain or range of motion. The injured worker returned to work on 09/17/2013 and fell on her left hip striking her head on a storage box. The injured worker was hospitalized and treated for a blood clot in the right leg that traveled to her lungs. She has remained off work since then. Her complaints of pain are to the lumbar spine and radiating pain to the left hip. Her medications are levothyroxine, warfarin, tramadol, Xanax, Ambien, Norco, and Neurontin. The injured worker describes pain to the lumbar spine as a constant burning pain along with a deep ache and spasms. The pain radiates to the left hip. Activity increases with pain. Rest and medications decrease pain. The left hip pain is described as a constant ache both sharp and stabbing sensations with movement. The injured worker ambulates with a cane when in pain. The pain is described as a 7/10 on the pain scale. Her diagnoses are lumbar disc protrusion at L5-S1 and lumbar radiculopathy. X-rays have shown no fractures to the hip or lumbar spine. The physician noted objective findings to the lumbar spine as loss of range of motion, loss of lumbar lordosis, and had a positive straight leg raise test. The left hip has full range of motion, but experiences pain with movement. The physician is requesting physical therapy three times a week for the lumbar spine and left hip. A Request for Authorization Form was signed on 12/27/2013 with no rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS TO THE LUMBAR SPINE AND LEFT HIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

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

**Decision rationale:** The request for physical therapy three times a week for four weeks to the lumbar spine and left hip is non-certified. California MTUS Guidelines for manual therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; neuralgia, neuritis, and radiculitis, unspecified may receive 8-10 visits over 4 weeks. Under these guidelines the injured worker has already presented having received 12 sessions of physical therapy. The injured worker has a diagnosis of radiculopathy but has demonstrated no objective or subjective improvement to complaints of pain or functional improvement following these sessions. The request for an additional 12 sessions exceeds the MTUS guidelines. As such, the request is non-certified.