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| <b>Case Number:</b>   | CM14-0017446 |                              |            |
| <b>Date Assigned:</b> | 04/14/2014   | <b>Date of Injury:</b>       | 10/27/2011 |
| <b>Decision Date:</b> | 05/30/2014   | <b>UR Denial Date:</b>       | 01/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2014 |

### 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, 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 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 61-year-old female with a date of injury of 10/27/2011. The listed diagnoses per [REDACTED] are: 1. Work-related slip and fall. 2. Cervical spine strain with radicular complaints. 3. Lumbar spine strain with right sacroiliac strain with radicular complaints. 4. Abdominal pain secondary to medication intake. 5. Bilateral carpal tunnel syndrome, status post carpal tunnel release on 11/29/2011. 6. Prolonged depressive reaction. Provided in the 55-page medical file is no progress report from the requesting physician, [REDACTED]. However, there is an extensive AME report dated 12/31/2013 by [REDACTED]. According to this AME report, the patient has been treated by [REDACTED] for upper and lower back and bilateral wrist complaints. The AME reports the patient was last seen by [REDACTED] on 12/18/2013; at which time, he recommended cervical spine physical therapy. Present symptoms of the patient included complaints of constant discomfort in the cervical spine, right more than left, with complaints of radiation of pain into the shoulder. With respect to the lumbar spine, the patient complains of intermittent midline and right more than left paraspinous discomfort. It is described as a sharp and stabbing pain. She also complains of numbness and tingling over the same distribution of the right lower extremity. Muscle strength testing measures 5/5 in all lower extremity motor groups. The request is for physical therapy for the lumbar spine. The medical file provided for review does not provide a request for authorization or any progress reports from the requesting physician. There is an AME report dated 12/31/2013. This report also does not discuss the number of physical therapy treatments requested for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting physical therapy for the lumbar spine. Nowhere in the 55-page medical file is there any discussion on how many physical therapy sessions are being requested. 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. AME report refers to a re-evaluation by [REDACTED] on 07/24/2013 that indicated the patient had completed 8 sessions of physical therapy for the lumbar spine. In this case, the patient has received a course of therapy for the lumbar spine. The treater is requesting additional physical therapy without discussing the results produced by prior physical therapy. In addition, there is no indication of the duration or quantity of sessions requested. Recommendation is for denial.