

<b>Case Number:</b>	CM14-0114366		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 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 65-year-old female who reported injury on 05/22/2001. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of low back pain, degeneration intervertebral disc lumbar or lumbosacral, post laminectomy syndrome, sciatica, status post spinal cord stimulator placement, S1 joint pain, left hand pain, left foot pain, and fracture of the left foot/ankle. The injured worker's past medical treatment includes: acupuncture therapy, physical therapy, aquatic therapy, the use of a home traction unit, and medication therapy. Medications include Duragesic Patch 25mcg, Norco 10/325, Lidoderm Patches, and Neuropathic Topical Cream. The frequency and duration were not submitted in the report. An x-ray obtained on 05/28/2014 of the lumbar spine revealed osteopenia without acute compression deformity, upper lumbar levoscoliosis, right lateral L2-3 and left lateral L4-S1 endplate osteophytes. It was also noted that there was L4-5 anterolisthesis and severe lower lumbar facet arthropathy. The injured worker underwent a lumbar laminectomy and discectomy of the L4-5 on 09/15/2001. The injured worker complained of lower lumbar pain. She described it as constant, aching, and sharp in the bilateral aspects of the lower back, with tingling and numbness that radiated down to her bilateral extremities. The injured worker rated her pain at a 9/10. It is unclear whether that is with medication or without medication. The physical examination dated 07/02/2014 revealed that the injured worker was sensitive to touch. She was tender over bilateral buttocks and tender over lumbar PSM at L4-5 and L5-S1. She was also tender over S1 joints bilaterally. The submitted report lacked any evidence of range of motion or muscle strength. The treatment plan is for the injured worker to continue physical therapy; however, the rationale was not submitted for review. The Request for Authorization Form was submitted on 07/02/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (lumbar/sciatica) 1 x8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Lumbar intervertebral disc disorders.

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

**Decision rationale:** The California MTUS states that "physical medicine with active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis." The injured worker had received prior physical therapy. There was no quantified evidence of functional improvements with program and progress as a result of prior therapy received. It was also unclear as to when the injured worker received the physical therapy and how many sessions were attended. The MTUS Guidelines recommend a short course of physical therapy for low back pain as an optional form of treatment. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. As such, the request for Physical therapy (lumbar/sciatica) 1 x8 weeks is not medically necessary.