

<b>Case Number:</b>	CM14-0127770		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 an injury on 09/21/2011. The mechanism of injury was not noted within the clinical records. Her diagnoses were noted to be lumbago, spondylolisthesis, lumbar radiculopathy, and lumbar spine fusion. Her current medications are noted to be Fentanyl, Norco, Gabapentin, Neurontin, and Fosamax. Her surgical history was noted as caudal epidural injection with improvement. In addition, she had L5-S1 laminectomy and fusion on 07/27/2013. Diagnostic imaging was noted to be magnetic resonance image of the lumbar spine on 05/14/2014 documenting postoperative change from posterior decompression and fusion at L4-S1. It was also noted at L3-4, there was mild narrowing of the right neural foramen. At L4-5, there was mild bilateral foraminal narrowing. At L5-S1, there was mild to moderate foraminal narrowing more prominent on the left. There was soft tissue intensity in the left ventral epidural space at S1 reflecting postoperative change and surrounding the traversing left S1 nerve root in the left lateral recess. Prior treatments were noted to be physical therapy and use of a lumbar brace. The orthopedic spine surgery re-evaluation on 06/04/2014 noted the injured worker with subjective complaints of low back pain radiating to the left leg traveling down from the buttocks and the low back. She rated her low back pain a 5/10 to 6/10 with medication. She related her back pain increases to 8/10 with activities such as prolonged sitting, prolonged standing, prolonged bending, and stooping. The pain travels down the side of her left leg. The re-evaluation notes as an interval history the patient had completed an MRI of the lumbar spine as well as manual physical therapy. She related completing an epidural injection for her low back with improvement of her symptoms. This is all the information that this particular re-evaluation obtains. The rationale for the request was not noted within the documentation. A request for authorization form was also not provided within the documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks to lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/03/14).

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

**Decision rationale:** The request for physical therapy 2 times per week for 6 weeks to lumbar spine is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine for short-term relief during the early phases of pain treatment directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. These physical therapy sessions can be used sparingly with active therapy to help control swelling, pain and inflammation during the rehabilitation process. Active therapies 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 therapies require 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines allow 8 to 10 visits over 4 weeks. The injured worker's objective data was lacking from the evaluation submitted for review. The request for physical therapy 2 times per week for 6 weeks to the lumbar spine is an excess of the number of visits provided by the guidelines. As such, the request for physical therapy 2 times per week for 6 weeks to lumbar spine is not medically necessary.