

<b>Case Number:</b>	CM14-0149379		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/16/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 47 year old male who sustained an industrial injury on 11/16/10. His prior treatments included epidural and facet block injections. An MRI from 08/26/14 of the lumbar spine showed slight straightening of the lumbar spine, facet hypertrophy with moderate bilateral foraminal impingement at the L3-L4 level, facet hypertrophy with marked bilateral foraminal impingement at the level of L4-L5 and disc desiccation with facet hypertrophy and moderate left foraminal impingement at the level of L5-S1. He was referred to physical therapy in June 2014. His clinical note from 07/29/14 was reviewed. He had gone for 7 of the 9 physical therapy sessions. He stated that he had only minimal improvement of his backache with radiating pain into both gluteal regions. He had been taking Ibuprofen only. Objective findings included focal tenderness bilaterally along the L4-L5 and L5-S1 posterior spinous processes and paraspinal muscles. Diagnoses included right hip trochanteric bursitis, lumbar degenerative disc disease, lumbar facet syndrome status post bilateral facet blocks, and lumbar focal disc protrusion and right leg radicular symptoms. The plan of care included 8 more sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x4Wks to Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back disorder, Physical medicine

**Decision rationale:** The employee was a 47 year old male who sustained an industrial injury on 11/16/10. His prior treatments included epidural and facet block injections. An MRI from 08/26/14 of the lumbar spine showed slight straightening of the lumbar spine, facet hypertrophy with moderate bilateral foraminal impingement at the L3-L4 level, facet hypertrophy with marked bilateral foraminal impingement at the level of L4-L5 and disc desiccation with facet hypertrophy and moderate left foraminal impingement at the level of L5-S1. He was referred to physical therapy in June 2014. His clinical note from 07/29/14 was reviewed. He had gone for 7 of the 9 physical therapy sessions. He stated that he had only minimal improvement of his backache with radiating pain into both gluteal regions. He had been taking Ibuprofen only. Objective findings included focal tenderness bilaterally along the L4-L5 and L5-S1 posterior spinous processes and paraspinal muscles. Diagnoses included right hip trochanteric bursitis, lumbar degenerative disc disease, lumbar facet syndrome status post bilateral facet blocks, lumbar focal disc protrusion and right leg radicular symptoms. The plan of care included 8 more sessions of physical therapy. According to MTUS, Chronic Pain Medical Treatment guidelines, "allow for fading of treatment frequency" and 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis are recommended. According to Official Disability Guidelines, for lumbar sprains and strains and intervertebral disc disorders without myelopathy, a total of 10 visits over 8 weeks are recommended. The clinical note reviewed failed to show any improvement in pain despite 7 sessions of therapy. The requested 8 more sessions in addition to the 9 already approved is well above the maximum number recommended and hence is not medically appropriate and necessary.