

<b>Case Number:</b>	CM14-0156159		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/15/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Pain Management and 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 24 year old female with an injury date of 04/15/12. Based on the 08/06/14 progress report provided by [REDACTED] the patient complains of low back pain rated 7/10 with bilateral lower extremity symptoms. She is not able to walk for more than 20 minutes and uses an LSO 3 times a week to facilitate maintenance of activities of daily living. Physical examination to the lumbar spine reveal normal range of motion. Straight leg raise test is positive bilaterally. Medications include Tramadol, Naproxen and Pantoprazole. Physical therapy report dated 08/09/14 shows 2 visits. It is stated under Discussion Section of progress report dated 08/06/14 "proceed with additional physical therapy lumbar spine as 12 sessions approved."Diagnosis 08/06/14- lumbar radiculopathy secondary to disc protrusion- protrusion C5-6 and C6-7 with radiculopathy [REDACTED]. [REDACTED] is requesting Additional Physical therapy for the lumbar spine qty 12. The utilization review determination being challenged is dated 09/09/14. The rationale is "modified to 2 visits." [REDACTED] is the requesting provider, and he provided treatment reports from 04/18/13 - 08/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for the lumbar spine - Quantity. 12: Upheld**

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

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

**Decision rationale:** The patient presents with low back pain rated 7/10 with bilateral lower extremity symptoms. The request is for Additional Physical therapy for the lumbar spine qty 12. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the treater has asked for 12 total sessions of physical therapy. Per progress report dated 08/06/14, treater states "proceed with additional physical therapy lumbar spine as 12 sessions approved." However, treater does not discuss why more treatment is needed at this juncture and what functional deficits to be addressed with additional therapy. The request for 12 sessions also exceeds what is allowed by MTUS for this type of condition. The requested additional Physical Therapy is not medically necessary.