

<b>Case Number:</b>	CM14-0164925		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/13/1997
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### **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 Emergency Medicine 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 injured worker is a 60-year-old female who reported an injury on 03/13/1997. The mechanism of injury was not provided. The injured worker's diagnoses included chronic pain syndrome, post laminectomy syndrome of the lumbar region, disc displacement with radiculitis of the lumbar, lumbosacral spondylosis without myelopathy, and depressive disorder. The injured worker's past treatments included physical therapy, psychotherapy, medication, facet interventions, and radiofrequency lesioning. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included lumbar fusion in 1998, ACDF on 07/08/2008, bilateral breast reduction, and triple bypass on unknown dates. On the clinical note dated 06/12/2014, the injured worker complained of bilateral lower back pain and pain that radiates down into both legs with the right leg worse than the left. She rates her pain 6/10 to 7/10, with the worse pain rated 9.5/10 and the least rated 5/10 and the usual rated 6.5/10. The injured worker had positive straight leg raise bilaterally, diffuse tenderness bilaterally, the loading test was positive bilaterally, and the spine was noted to be restricted and painful. The injured worker's medications included Lyrica, Mirapex, Paxil, Vicodin, ibuprofen, Naprosyn, Vioxx, Neurontin, Darvocet, Tylenol with codeine and OxyContin, (dosage and frequency not provided). The request was for 6 physical therapy visits as an outpatient for low back pain. The rationale was for low back pain. The Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**(6) six physical therapy visits, as an outpatient for low back pain:** 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 Therapy Page(s): 98-99.

**Decision rationale:** The request for (6) six physical therapy visits, as an outpatient for low back pain is not medically necessary. The patient is diagnosed with chronic pain syndrome, postlaminectomy syndrome, disc displacement with radiculitis, lumbosacral spondylosis without myelopathy, and depressive disorder. The California MTUS Guidelines state 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. The guidelines recommend 9 to 10 visits over 8 weeks. There is a lack of documentation indicating the injured worker's previous physical therapy number of visits and efficacy of prior therapy. There is a lack of documentation indicating improved pain rating from previous physical therapy. There is lack of documentation that indicates significant objective functional deficits to warrant additional visits of physical therapy. Additionally, the requesting physician did not provide a recent clinical note with an assessment of the injured worker's condition. As such, the request for (6) six physical therapy visits, as an outpatient for low back pain is not medically necessary.