

<b>Case Number:</b>	CM14-0167236		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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, 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 48 year old female with an injury date of 09/16/12. Based on the 07/03/14 progress report provided, the patient complains of right low back pain that radiates to right lower extremity and burning pain in her right plantar foot. Physical examination to the lumbar spine revealed tenderness to palpation at the lumbosacral junction and right sacroiliac (SI) joint and decreased range of motion. Per operative report dated 03/05/14, patient underwent right S1-S2 transforaminal epidural steroid injection under fluoroscopic guidance and right S1 epidurogram. 16 physical therapy reports from 03/27/14 - 09/10/14 have been provided for review. Diagnosis per operative report 03/05/14:- postoperative spine surgery syndrome, status post L5-S1 laminoforaminotomy and microdiscectomy on the right side- right S1 radiculopathy. Diagnosis 07/03/14:- L5-S1 herniated nucleus pulposus- L5-S1 degenerative disc disease- postoperative spine surgery syndrome- bilateral SI joint arthrosis, symptomatic on the right, confirmed with diagnostic injection- status post L5-S1 laminotomy and microdiscectomy, right 05/23/13- status post right SI fusion 12/10/13 and revision of SI fusion 12/12/13 with right S1 radiculopathy. Treater is requesting physical therapy to the lumbar spine 12 visits. The utilization review determination being challenged is dated 09/19/14. The rationale is "patient completed at least 18 sessions to date. There is no explicit documentation of symptomatic or functional improvement."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the lumbar spine, 12 visits:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with right low back pain that radiates to right lower extremity and burning pain in her right plantar foot. The request is 12 visits of physical therapy to the lumbar spine. She is status post L5-S1 laminotomy and microdiscectomy, right 05/23/13 and revision of SI fusion 12/12/13 with right S1 radiculopathy. Per operative report dated 03/05/14, she underwent right S1-S2 transforaminal epidural steroid injection. Her diagnosis dated 07/03/14 included L5-S1 herniated nucleus pulposus, L5-S1 degenerative disc disease, postoperative spine surgery syndrome and symptomatic bilateral SI joint arthrosis, Patient is not within post-operative time period for physical therapy. MTUS pages 98 and 99 note the following: "Physical Medicine: recommended as indicated below. 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 also state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Requesting provider has included 16 physical therapy reports from 03/27/14 - 09/10/14 for review. Treater does not explain why therapy is being requested other than for subjective pain. There is no discussion of flare-ups, new injury or new symptoms warranting additional treatment. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. The request is not medically necessary.