

<b>Case Number:</b>	CM14-0022370		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	06/13/1997
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

This patient is a 65-year-old female with date of injury of 06/13/1997. Per treating physician's report 01/29/2014, patient presents with low back pain at an intensity of 7/10, described as aching, burning, stabbing, throbbing, shooting, stiff, sore, going into the buttocks. The patient recently fell due to right leg giving out and twisted and fractured her ankle. The patient was treated at Kaiser for fracture. The patient was referred to a spine surgeon due to the fall and increasing pain, which has been not been authorized. There is a long list of medications including Aciphex, amitriptyline, aspirin, BuTrans, Cymbalta, Flector patch, Glucophage, hydroxychloroquine, Lidoderm patches, lisinopril, Lunesta, Lyrica, Norco, Pancreaze capsules, Tenormin, tolazamide, and Zanaflex. Other treatment plan recommendation was for physical therapy for gait and balance training to minimize falls, 12 sessions, and evaluation with [REDACTED] for the updated MRI findings. 12/30/2013 report is also reviewed with the patient presenting with 9/10 lumbar pain. The patient had an updated MRI of the lumbar spine and the request was for the patient to be evaluated by an orthopedic surgeon and interventional pain management physician. Other treatment discussion states there is no change in the requested treatments and the patient will undergo aquatic therapy, request of the following medications as listed for 1 month, and evaluation with [REDACTED] for updated MRI findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TIMES (12):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with chronic low back pain with history of multiple interventional procedure including radiofrequency ablation with varying results. The current request for physical therapy 12 sessions and the treating physician states on 01/29/2014 that the patient took a fall and suffered a fracture. The fracture was treated at Kaiser but the patient has increased pain in the low back and the request was for physical therapy. Chronic Pain Medical Treatment Guidelines allow 9 to 10 sessions of physical therapy for myalgia, myositis, the type of condition this patient suffers from. The patient appears to be receiving treatments for the fracture through Kaiser and they may be providing some physical therapy for the fracture. The current treating physician has requested 12 sessions of physical therapy to address increased pain in the low back and frequent fall and balance problems. Although Chronic Pain Medical Treatment Guidelines allow 10 sessions for myalgia and myositis, this patient is not presenting with simple myalgia or myositis but balance and frequent fall problems with weakness in the legs. The requested 12 sessions of physical therapy appear reasonable. Despite review of 274 pages of reports, there are no prior or recent therapy reports. The treating physician makes reference to aqua therapy but this is a request only from 12/30/2013 report. Given the patient's weakness in the legs, frequent fall and balance problems, and recent fall with fracture, with increased pain in her low back, the requested 12 sessions of physical therapy are medically necessary.

**EVALUATION WITH A NEUROSURGEON:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, evaluation and management outpatient visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127.

**Decision rationale:** This patient presents with low back pain. Recently, she took a fall and is experiencing increased low back pain. The patient apparently had an updated MRI of the lumbar spine and the treating physician has asked for an evaluation with a neurosurgeon so that the updated MRI can be reviewed. ACOEM Guidelines page 127 does support specialty referrals for complex issues. This patient recently took a fall, has had fracture of the lower extremity treated at Kaiser. The patient is experiencing increased low back pain, has balance and gait problems for which updated MRI was apparently obtained. The current treating physician does not describe the updated MRI but the report of the lumbar MRI dated 12/20/2013 reads grade 1 anterolisthesis at L3-L4. Multilevel annular disk bulges from L2 to S1, facet hypertrophies with advanced central canal stenosis at L3-L4 and moderate central stenosis at L4-L5. Given the MRI

findings of anterior listhesis, and multilevel significant central stenosis, reevaluation by a surgeon is appropriate particularly in the light of patient's balance and fall problems. Therefore the request is medically necessary.