

<b>Case Number:</b>	CM14-0033949		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 33 year old male with date of injury. The treating physician report dated 2/13/14 indicates that the patient presents with continued neck pain and lower back pain with pain radiating into the legs, right greater than left and severe ankle pain. The physical examination findings reveal antalgic gait, + straight leg rising (SLR) on the right, spasm and guarding of the lumbar spine. MRI of the lumbar spine dated 5/30/12 reveals L5/S1 annular tear and 6.5mm disc protrusion with severe left neural foraminal stenosis. The current diagnoses are: 1.Lumbar spondylolisthesis 2.Pain in joint hand 3.Pain in joint lower leg, ankle and foot. The utilization review report dated 2/27/14 denied the request for 12 sessions of physical therapy based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Sessions of Physical Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines , Low Back - Lumbar & Thoracic; Ankle and Foot

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

**Decision rationale:** The patient presents with chronic lower back pain with positive MRI for disc protrusion at L5/S1. The current request is for 12 sessions of physical therapy. In reviewing the prior treating physician reports there is documentation of the patient being authorized for 6 physical therapy sessions on 11/8/13. There is no documentation of the response to this physical therapy treatment. The MTUS guidelines support physical therapy 8-10 sessions for myalgia and neuritis type conditions. In this case the patient has previously received physical therapy and there is no documentation of the patient performing a home exercise program as recommended by MTUS. There is no new diagnosis or exacerbation reported to indicate why the patient requires additional physical therapy. The current request also is for 12 sessions which is beyond the MTUS recommendations even if this request was for a new injury, diagnosis or flare-up. Therefore the request for physical therapy is not medically necessary and appropriate.