

<b>Case Number:</b>	CM14-0038193		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Pain Management 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 50 year old female with an injury date of 11/18/08. Based on the 12/11/13 progress report provided by treating physician, the patient complains of low back pain rated 5-8/10 that radiates to the bilateral lower extremities. Physical examination to the lumbar spine on 11/06/13 revealed well healed wounds. Fluoroscopy imaging did not show significant abnormalities. Patient is happy with SCS Implant, she is able to walk better and do more chores around the house. Patient's medications include Soma, Xanax, Pristiq, Lidoderm patch, Neurontin, Alprazolam and Carisoprodol. Diagnosis 12/11/13- postlaminectomy syndrome lumbar region- thoracic/lumbosacral neuritis/radiculitis unspecified- chronic pain due to trauma- other chronic postoperative pain The utilization review determination being challenged is dated 03/07/14. Treatment reports were provided from 11/06/13 - 12/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

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

**Decision rationale:** The patient presents with low back pain rated 5-8/10 that radiates to the bilateral lower extremities. The request is for physical therapy three times a week for four weeks for the lumbar spine. Patient's diagnosis dated 12/11/13 included post laminectomy syndrome lumbar region, thoracic/lumbosacral neuritis/radiculitis, chronic pain due to trauma, and other chronic postoperative pain. Per progress report dated 11/06/13, Patient is happy with SCS Implant, she is able to walk better and do more chores around the house. Patient's medications include Soma, Xanax, Pristiq, Lidoderm patch, Neurontin, Alprazolam and Carisoprodol. MTUS pages 98, 99 has 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." 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." The provider has not documented reason for the request. Patient has post-laminectomy syndrome, presents with lumbar radiculopathy and has a spinal cord stimulator implanted. Reports do not discuss treatment history and the provider does not explain why therapy is being requested other than for subjective pain. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. Recommendation is for denial.