

<b>Case Number:</b>	CM14-0046284		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Preventative 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:

According to the records made available for review, this is a 32-year-old female with a 4/10/13 date of injury. At the time of the request for authorization, there is documentation of chronic low back pain, and objective findings of lumbar spasm and mid back spasm. Current diagnoses include low back pain, and sciatica, and treatment to date has been medications, activity modification, sacroiliac joint injections, acupuncture, chiropractic, and six physical therapy sessions. A 4/21/14 medical report identifies that the patient underwent six sessions of physical therapy, which made the pain worse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 Additional Physical Therapy Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain, not to exceed 10 visits over 4-8

weeks with the allowance for fading of treatment frequency with the transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommend a limited course of physical therapy for patients with a diagnosis of sciatica not to exceed 10-12 visits over 8 weeks. The ODG also notes that patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of low back pain and sciatica. In addition, there is documentation of six previous physical therapy sessions. However, given documentaiton that previous physical therapy sessions made the pain worse, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**Second Opinion with Neuro Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The MTUS/ACOEM guidelines state that referral to a spine specialist may be recommended with documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; and failure of conservative treatment. Within the medical information available for review, there is documentation of diagnoses of low back pain and sciatica. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There is also no documentation of activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.