

<b>Case Number:</b>	CM14-0046420		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 injured worker is a 25 year old female who reported an injury on 09/27/2011 due to slipping and falling on her buttocks. Diagnoses for the injured worker were chronic lumbar strain, superimposed over degenerative disc disease, and myofascial pain syndrome and a disuse syndrome as a result of exercise avoidance related to fear of exacerbating her pain. Past treatments were chiropractic care, physical therapy 2 years ago, 3 injections, acupuncture, heat, medications, and topical analgesics. The injured worker had an MRI and EMG/NCS in 03/2013 which revealed bilateral lumbar radiculopathy with involvement on the left side of both L5 and S1 involvement in the right side of S1 only. MRI revealed on 10/05/2012 revealed a broad based disc bulge at L5-S1, containing a 6 mm posterior central annular tear and mild foraminal narrowing, as well as mild foraminal narrowing at the L4-5 related to an annular bulge and facet arthropathy. The injured worker had a physical examination on 02/12/2014 with complaints of low back pain radiating primarily to the left lower extremity. She described the pain as a burning sensation that transformed to a warm tingling feeling as it traversed the leg. She also reported that sometimes the low back felt like it would get "stuck". The injured worker rated the pain 7/10 to 8/10 most of the time. She also stated it was aggravated by activities that involved flexing forward at the waist, such as doing dishes or brushing her teeth, and it went down to a 5/10 or 6/10 with the use of medications prescribed, which included oral NSAIDs, analgesics, topical analgesics, and hot patches. Examination of the lumbar spine revealed moderate straightening of the normal lumbar lordosis. Lumbar spine flexion was to 60 degrees, extension was to 20 degrees, lateral bending to the right was 25 degrees, to the left was 25 degrees, rotation to the right was 20 degrees, and rotation to the left was 20 degrees. There was mild pain with flexion and moderate pain with extension. There was mild to moderate pain with lateral bending bilaterally, with contralateral pain in both directions. There was mild pain with rotation.

Treatment plan for the injured worker was to use a TENS unit. Also, the treatment plan was to include physical therapy 2 times a week for 4 weeks for core strengthening, stabilization, and stretching program. Medications were acetaminophen, ibuprofen, and a topical analgesic. The rationale and request for authorization were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2x week x 4 weeks for Lower Back 97039: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** The request for Physical Therapy 2x week x 4 weeks for Lower Back 97039 is non-certified. Medications for the injured worker were not reported within the documents submitted for review. The efficacy of medication being taken by the injured worker was not reported. The California Medical Treatment Utilization Schedule states physical therapy is indicated as passive therapy and active therapy. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines state to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For the treatment of unspecified myalgia and myositis, it is recommended 9 to 10 visits over an 8 week period. For unspecified neuralgia, neuritis, and radiculitis, it is recommended 8 to 10 visits over a 4 week period. Although the injured worker had physical therapy and chiropractic care in the past, the duration and functional improvement were not reported. It is unknown how many sessions of physical therapy and chiropractic care the injured worker had. Therefore, the request is non-certified.