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| <b>Case Number:</b>   | CM14-0073719 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 07/02/2012 |
| <b>Decision Date:</b> | 08/14/2014   | <b>UR Denial Date:</b>       | 04/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/20/2014 |

### 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 & 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 38-year-old female with a reported date of injury on 07/02/2013. The mechanism of injury occurred when the injured worker was working in the emergency room and as she was moving a patient she pulled her back and has had constant pain since. The injured worker was examined on 03/08/2014 for severe pain and fatigue due to her pain. The injured worker had limited range of motion in the lumbar spine. The diagnoses were lumbosacral sprain/strain with radiculopathy and insomnia. She did have an epidural injection scheduled for 04/18/2014. The previous record from 01/02/2014 indicated that the injured worker reported her pain was characterized as throbbing and the duration of pain was constant. There was not a VAS scale of pain provided. Prior treatments included hot packs and NSAIDs. Her range of motion was reported to be limited in all planes. Her sensation was normal to the lower extremities and tingling sensation was noted over the right thigh upon palpation. Her motor strength was somewhat weak; however, it was normal with prompting. Her diagnoses included lumbalgia, lumbar spondylosis, lumbar radiculopathy, lumbar degenerative disc disease, sacroiliac joint dysfunction, anxiety and panic disorder, and obesity. The plan of treatment included recommendations for an epidural steroid injection and physical therapy visits 3 times a week for 8 visits. The request for 8 initial physical therapy treatments was signed on 04/15/2014; the rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Initial Physical Therapy Treatments for the Lumbar Spine, Two (2) times a week for four (4) weeks as an outpatient:** Upheld

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

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

**Decision rationale:** The injured worker complains of constant back pain and had been treated with heating pad and NSAIDs. The California MTUS Guidelines do recommend that physical therapy is used to control and improve the rate of healing and soft tissues and for therapeutic and exercises for restoring flexibility, strength, endurance, function, and range of motion. The California MTUS Guidelines recommend a total of up to 10 visits of therapy. There is a lack of evidence of physical deficits upon examination. It is unclear whether the injured worker has received previous treatment of physical therapy. The request for eight (8) initial physical therapy treatments for the lumbar spine, two (2) times a week for four (4) weeks as an outpatient is not medically necessary.