

<b>Case Number:</b>	CM14-0080102		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Occupational 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:

The patient is 42 year old female who was injured on 08/31/2011 while removing metal shelves from a display. Prior medication history included Norco, amitriptyline, and Biofreeze gel. She has been treated conservatively with acupuncture and physical therapy. Diagnostic studies reviewed include magnetic resonance imaging (MRI) of the lumbar spine dated 10/20/2011 revealed annular tears with disk protrusions measuring 5 mm at L4-L5 and L5-S1. Progress report dated 07/02/2014 states the patient complained of persistent low back pain and reported it is derived from her initial epidural steroid injection with pain for 5 days, but then relief of the right lower extremity radiating symptoms. She reported she is having left sided radiating symptoms down left leg to the foot. Objective findings on exam revealed positive left leg lift. She was diagnosed with lumbar discogenic pain. She has been recommended for a 2 month supply of Norco 10/325 mg, amitriptyline 10 mg, and Biofreeze gel. She has also been recommended for physical therapy. Prior utilization review dated 04/30/2014 states the request for Physical Therapy 2 times a week 6 weeks is modified for an additional 2 sessions to continue therapy with documented evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This is a request for additional 12 physical therapy visits for a 42-year-old female injured on 8/31/11 with an exacerbation of chronic low back pain. However, the patient is working full-time and participating in a home exercise program, which appears to be beneficial. Prior response to and frequency of physical therapy visits is not provided. There is a concurrent request for lumbar epidural steroid injection, which the patient received. Official Disability Guidelines (ODG) recommend 1-2 physical therapy visits over 1 week for post-injection treatment of lumbar intervertebral disc disorders without myelopathy. Medical necessity is established for 2 visits of physical therapy. 12 visits are not medically necessary at this time.