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| <b>Case Number:</b>   | CM14-0080133 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 09/07/2011 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 05/21/2014 |
| <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 Physical Medicine & Rehabilitation; Pain Medicine and is licensed to practice in Texas and Ohio. 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 41-year-old male who reported an injury on 09/07/2011 who reportedly sustained injury loading and packing auto parts from warehouse back to the pallets. The injured worker reportedly and continuously leaned to pick and load auto parts, the injured worker suddenly experienced severe back pain. The injured worker's history included medications, EMG (Electromyography), epidural injections, and physical therapy treatment. The injured worker was evaluated on 07/09/2014 and it was documented that the injured worker was experiencing a severe flare up of lumbar spine pain and was unable to get out of the bed for 2 days to severe back pain. It was noted the injured worker has some physical therapy, pain medication, 3 lumbar epidural injections which did not provide relief. Physical examination of the lumbar spine revealed palpable tenderness at left/right lumbar, right/left sacroiliac, sacral right buttock, right posterior leg, right posterior thigh and calf. Lumbar range of the motion was flexion 10 degrees, lumbar extension 05 degrees, lumbar left lateral flexion 10 degrees, lumbar right lateral flexion and was 20 degrees, lumbar left rotation was 20 degrees, and lumbar right rotation was 25 degrees. Sitting Roots Tests, Straight Leg Raise, and Braggard's sign was positive on the right. The documentation the provider noted the injured worker had gone under MRI of the lumbar spine revealed 4 mm disc, right paracentral abutting the right exiting nerve root with annular fissure at L4-5. Diagnoses included lumbar IVD (Intervertebral Disc) disorder with myelopathy. Medications included Omeprazole 20 mg and Naproxen 550 mg. Provider indicated the injured worker had prior physical therapy sessions; however, measurements were not submitted for this review. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Physical therapy sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen. In addition, the requested amount of visits will exceed the guidelines recommended visits. Given the above, the request for six (6) Physical therapy sessions for the lumbar spine are not medically necessary and appropriate.

**Follow up as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp; Pain Procedure Summary last updated 04/10/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG) Pain (Chronic), Office Visits.

**Decision rationale:** Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted lacked evidence and rationale why a follow-up is needed. The request also does not include a date of service, duration and/or frequency for the proposed follow up. Therefore, the request for follow-up as needed is not medically necessary and appropriate.