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| <b>Case Number:</b>   | CM14-0082020 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 06/27/2012 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 05/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 42-year-old female who has submitted a claim for right facet syndrome, disc protrusion, and radiculopathy of the right lower extremity associated with an industrial injury date of 6/27/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, rated 7 to 10/10 in severity. She reported intermittent right lower extremity symptoms. Symptoms were described as aching, stabbing, burning, with pins-and-needles sensation. Physical examination of the lumbar spine revealed tenderness and restricted range of motion. There were no sensory or motor deficits. Straight leg raise was negative bilaterally. MRI of the lumbar spine, dated 12/20/2012, demonstrated a 4-mm disc herniation with an annular tear at L4 to L5, disc herniation with annular tear at L5-S1, and significant facet arthropathy noted at L3 to L4, L4 to L5 and L5 to S1 levels. A report from 6/30/2014 cited that patient was certified 3 sessions of physical therapy. Treatment to date has included lumbar medial branch block on 6/10/2014, physical therapy, chiropractic care, lumbar epidural steroid injection, back brace, and medications. Utilization review from 5/14/2014 denied the request for physical therapy for 8 sessions, lumbar spine because of no documentation concerning the completed number of previous therapy sessions and her functional response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for 8 sessions, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient complained of low back pain radiating to the right lower extremity. Patient completed a course of physical therapy in the past. However, there was no documentation concerning the total number of sessions attended and functional outcomes. It is likewise unclear why patient cannot perform an independent home exercise program to address residual deficits. The medical necessity for re-enrollment of patient to physical therapy was not established. Moreover, a report from 6/30/2014 cited that patient was already certified 3 sessions of physical therapy. Therefore, the request for physical therapy for 8 sessions, lumbar spine is not medically necessary.