

<b>Case Number:</b>	CM14-0082979		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/11/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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:

This case involves a 65-year old female who has filed a claim for lumbar radiculopathy, lumbar HNP, lumbar DDD associated with an industrial injury date of 04/11/2011. Medical records from 2013 to 2014 were reviewed and showed the patient does have severe mid to low back pain and spasms. She points to the L1-2 facets and weakness into both legs; however, her symptoms are worse in her left leg. She does continue to perform acupuncture and this provides her with some relief of her symptoms; however, she does report having continuing pain. The recent order of lumbar epidural steroid injections was denied. Upon examination of lumbosacral spine the patient is in severe spasm of the paraspinous muscle of the lumbar spine; motor testing shows 3+/5 left knee extension, knee flexion, foot dorsiflexion plantar flexion, and EHL; and 4/5 right knee flexion, knee extension, foot dorsiflexion, plantar flexion, and EHL. CT scan of the lumbar spine reveals at L1-2 there is progression of the degenerative disc disease with severe narrowing of the disc space and prominent subchondral bony changes. There is retrolisthesis that has progressed from the CT taken in 2010. There is severe bilateral foraminal stenosis at this level. At L3-4, there is degenerative disc disease with a mild to moderate posterior disc bulge. Treatment to date has included medications, TENS, and acupuncture. She has undergone L5-S1 transforaminal lumbar interbody fusion in the past. Medications taken include Percocet and Soma. Per 11/01/13 report, the patient apparently had continued improvement with acupuncture with good response to the treatment. However, no progress report was noted since February 2014 until date of PT request. Utilization review dated 05/06/2014, denied the request for 18 sessions of physical therapy because of the lack of recent follow-up. Additionally, CA MTUS Guidelines indicate 18 sessions of therapy would not be appropriate, rather 6-8 sessions of therapy for chronic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, QTY: 18 sessions:** Upheld

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

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

**Decision rationale:** According to page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, physical 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider, such as verbal, visual and/or tactile instruction(s). The physical medicine guidelines recommend 9-10 visits over 8 weeks for myalgia, myositis, unspecified and neuralgia, neuritis, radiculitis. In this case, the patient had not been seen for almost 2 months. Per 11/01/2013 report, the patient had continued improvement with acupuncture with good response. It may be appropriate for the patient to undergo physical therapy if she has continued pain despite other conservative treatment. However, CA MTUS guidelines recommend only 9-10 visits over 8 weeks. Furthermore, the clinical status of the patient is currently undetermined. The clinical indication for 18 sessions of physical therapy has not been clearly established. Therefore, the request for physical therapy for the lumbar spine, QTY: 18 sessions is not medically necessary.