

<b>Case Number:</b>	CM14-0085000		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 a 62 year old female with an injury date on 05/10/2010. Based on the 04/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar stenosis. 2. Lumbar spondylosis. 3. Lumbar radiculopathy. According to this report, the patient complains of right back pain and lumbar radiculopathy. Lumbar range of motion is 50% normal. Tenderness to palpation was noted at the paraspinals, PSIS, and sciatic notch. Per provider, MRI scan of the lumbar spine from 2012 reveals severe central canal stenosis at L5-S1. There were no other significant findings noted on this report. [REDACTED] is requesting 12 session of physical therapy for the lumbar spine. The utilization review denied the request on 05/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/21/2014 to 04/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x12 visits Lumbar:** 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 Excessive Therapy: MTUS pages 98, 99 has the following: Physical Medicine.

**Decision rationale:** According to the 04/25/2014 report by [REDACTED] this patient presents with right back pain and lumbar radiculopathy. The treating physician is requesting 12 sessions of physical therapy for the lumbar spine. The utilization review denial letter modified the request to 6 sessions. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show no therapy reports and there is no discussion regarding the patient's progress on any of the reports. If the patient did not have any recent therapy, a short course of therapy may be reasonable if the patient's symptoms are flared or significantly declined in function. However, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. The request is not medically necessary and appropriate.