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| <b>Case Number:</b>   | CM14-0087812 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 01/14/2012 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 05/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/11/2014 |

### 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 Pain Management and Rehabilitation, 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 patient is a 59-year-old female with date of injury 01/14/2012. Per treating physician's report 05/06/2014, patient complains of low back pain, soreness with increased pain last month 5/10, painful to stand greater than 15 minutes, was benefitting with physical therapy/acupuncture, 3/10 pain, now worsening without treatments, 12 to date, recent acupuncture thoracic and lumbar spine. Recommendation was for 12 additional sessions of physical therapy. There is a physical therapy progress report from 04/07/2014; diagnosis of lumbosacral HNP with radiculitis. MRI findings: Multilevel degenerative disk disease, left lumbar radiculopathy. There is a report of lumbar MRI from 02/10/2014 showing multilevel facet joint disease, moderate spinal stenosis with anterolisthesis at L4-L5, lateral recess stenosis as well at L4-L5, left lateral disk bulge at L3-L4. 04/24/2014 report is also handwritten with low back pain without change, constant, achy, 7/10, sleeping less. Listed diagnoses are: 1. Lumbosacral degenerative disk disease. 2. Signs and symptoms of left lower extremity radiculopathy. 3. Thoracic spine signs and symptoms, improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the lumbar and thoracic spine:**

**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 MTUS pages 98,99 .

**Decision rationale:** This patient presents with chronic persistent thoracic and lumbar pain with MRI demonstrating multilevel degenerative disk changes. Patient has some symptoms down the lower extremity as well. The current request is for physical therapy 12 sessions. Review of the reports shows that the patient has had some 6 sessions of physical therapy and 6 sessions of acupuncture treatments recently as of 04/09/2014 verified by therapy progress report. The treating physician indicates on 05/06/2014 that the patient's pain level was down to 3/10 with physical therapy and acupuncture treatments, and now, pain has flared up increasing to 7/10. Therefore, he wanted the patient to go through 12 additional sessions of physical therapy. MTUS Guidelines recommend 9 to 10 sessions of physical therapy treatment for myalgias, myositis, neuritis, neuralgia type of condition that this patient suffers from. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines. Furthermore, the patient already has had 6 sessions of physical therapy, and although the treater documents that the patient was down to 3/10, the review of the reports shows that the patient's pain continued to be a 7/10. Most importantly, MTUS Guidelines do not support more than 10 sessions of physical therapy, and patients are recommended to transition into a home exercise program. The treater does not provide any discussion regarding the patient's home exercise program. The request for Physical Therapy is not medically necessary.