

<b>Case Number:</b>	CM14-0095926		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/01/1999
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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, 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 57 year old female with an injury date of 04/01/1999. Per the 05/20/14 progress report by [REDACTED] the patient presents with increased low back pain, with pain down both legs, worse in the left leg. The patient experiences tightness and spasm in the left calf and some numbness in the feet bilaterally. There has been some decrease in her functional status. She currently is not working and is totally disabled. Continued use of medications has helped with her pain. She has past exacerbations, and the most recent was treated with an effective short course of therapy. Treatment reports provided show 8 physical therapy sessions for chronic pain caused by cervicalgia and lumbago from 10/25/13 to 12/30/13. The diagnoses include the following: 1. Lumbago with failed back surgery syndrome, status post spinal cord stimulator implantation. 2. Cervicalgia with bilateral radiculopathy. 3. Repetitive stress injury. 4. Status post cervical epidural injections. 5. Reactive depression and anxiety. 6. Diagnosed sleep apnea/excessive daytime somnolence. [REDACTED] is requesting for 10 (2x5) physical therapy sessions because of exacerbation of lumbar issues and previous physical therapy was effective in resolving symptoms. The utilization review being challenged is dated 06/06/14. The rationale is that: 1. body parts to be treated were not provided 2. the 15 year old injury remains symptomatic 3. Not submitted with clear objectives and goals 4. No documentation of type of therapy, deficits to be addressed and measurable goals. Treatment reports from 11/18/13 to 05/20/14 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy QTY: 10.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy Guidelines.

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

**Decision rationale:** The patient presents with chronic lower back pain with pain. The treater requests for 8 physical therapy sessions. MTUS guidelines pages 98, 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis, 8-10 visits are recommended. In this case the treater does discuss that in the past the patient did well with a short course of therapy in addressing a flare-up. The treater would like another short course to help the patient's flared-up symptoms. Treatment reports show 8 physical therapy treatments for lower back pain for the period 10/25/13 to 12/30/13. It appears that it has been 6 months since the last course of therapy. A short course of therapy may be beneficial and is medically necessary.