

<b>Case Number:</b>	CM14-0187512		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Orthopedic Surgeon and is licensed to practice in Georgia and South Carolina. 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 injured worker is a 62-year-old male who reported an injury on 07/01/2011 due to an unspecified mechanism of injury. On 08/26/2014, he reported low back pain that radiated into the left thigh and down the side of the left leg. A physical examination showed that the lower extremity pulses were normal bilaterally. The neurological examination showed abnormal sensation with dermatomal loss at the right L4, L5, and S1 and at the left L4, L5, and S1. There was absent clonus; muscle strength was a 5/5; and the reflexes were noted to be trace in the right patellar, right ankle jerk, and left ankle jerk, and 0 in the left patellar. He had a normal gait and was able to walk on his heels and toes. Diagnostic studies included an MRI of the cervical spine dated 07/09/2014, a CT of the lumbar spine dated 07/09/2014, and unofficial MRIs of the lumbar spine dated 09/2011. His surgical history included 2 back surgeries performed on an unspecified date. He was diagnosed with lumbar radiculopathy, lumbar spinal stenosis, lumbar post-laminectomy syndrome and diabetes mellitus type 1. His medications included Norco 10/325 mg, Neurontin 300 mg, folic acid 1 mg, metoprolol tartrate 50 mg, pravastatin sodium 20 mg, Nitrostat 0.4 mg, tramadol HCl 50 mg, acetaminophen extra strength 500 mg, furosemide 20 mg, aspirin 81 mg, lisinopril 5 mg, metformin HCl 1000 mg, omeprazole 20 mg, glyburide 5 mg, and terazosin HCl. Past treatments included medications, surgery, physical therapy, and a home exercise program. The treatment plan was for additional physical therapy times 8 sessions for the lumbar spine. The Request for Authorization form was signed on 09/16/2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x 8 sessions, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

**Decision rationale:** The injured worker was noted to be status post lumbar spine surgery. However, the date of the most recent surgery was not stated in the medical records. Therefore, the Chronic Pain Management Guidelines were used. The California MTUS Guidelines state that physical medicine is recommended for 9 to 10 visits over 8 weeks for myalgia and myositis, unspecified. For neuralgia, neuritis, and radiculitis, unspecified, 8 to 10 visits over 4 weeks are recommended. Based on the clinical information submitted for review, the injured worker was attending physical therapy sessions for the lumbar spine. However, the number of sessions he had completed was not stated within the clinical documentation. Without this information, additional sessions would not be supported. In addition, documentation showing efficacy of the previous physical therapy sessions was not provided for review. Furthermore, the number of sessions being requested in addition to the number of sessions the injured worker had completed would exceed the guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines, and therefore, the request would not be supported. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.