

<b>Case Number:</b>	CM14-0192392		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 49-year-old female with a date of injury of 02/21/2013. The listed diagnoses are: 1. Lumbar spine HNP. 2. DDD lumbar spine. Per treating physician report 10/24/2014, the patient presents with continued bilateral knee, low back and left thigh pain. The lumbar spine pain is described as burning sharp with shooting pain down to the bilateral extremities. Examination revealed pain twitches on both sides of the right thigh. There is numbness and tingling present. The patient also complains of grinding, clicking, stiffness, and limited range of motion to her bilateral knees. It was noted that the patient was authorized for lumbar physical therapy, "however, she only attended 4 visits, which helped some." The treating physician recommends that the patient attend 12 more sessions of physical therapy to strengthen her lumbar spine. Report 09/09/2014 indicates that the patient continues with low back pain. MRI of the lumbar spine showed decreased signal and disk bulge at L4-L5. Range of motion of the lumbar spine was decreased. Straight leg raise was negative and lower extremity motor function was noted as 5/5. This is a request for physical therapy sessions for L-spine, 12 visits. The utilization review denied the request on 11/05/2014. Treatment reports from 04/21/2014 through 10/24/2014 were provided for review.

### 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-12 visits:** 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:** For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. Progress report 10/24/2014 notes that the patient has participated in 4 physical therapy visits thus far, which have "helped some." The treater is requesting additional 12 sessions to "strengthen her lumbar spine." The dates of the completed therapy visits and the patient's objective response to therapy were not documented in the medical records submitted for this request. In this case, an additional 5 to 6 physical therapy session to address the patient's stiffness and decrease in ROM is reasonable per MTUS recommendation of 8-10 sessions. The treater's request for 12 additional sessions exceeds what is recommended by MTUS. The requested physical therapy for the lumbar spine (12 visits) is not medically necessary.