

<b>Case Number:</b>	CM14-0195301		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 67 year old female with a work injury dated 12/29/13. The diagnoses include lumbar sprain/strain and mild degenerative disc disease. Under consideration are requests for physical therapy 3 x 6. There is a 10/7/14 physical therapy recertification document that states that hypomobility continues to be palpated to L 1-L5, Pt continues to present poor posture awareness, Deficit strength in core and spinal erectors. Patient would benefit to continue focus improving segmental mobility, core and spinal erector strength in order to return to performing AOLs and work task with limited to no c/o increasing pain. There is a request for 12 more PT sessions. An 8/26/14 progress note states that the patient injured her low back in Dec. 2013 and after this she underwent several visits of PT and work restriction. She did the physical therapy for over 4 months twice a week and states that she had some improvement but had residual significant pain. She was sent to chiropractic and acupuncture which did not help. She was sent for an MRI and had trigger points which she felt weren't helpful. Her pain is now 4-6/10 and there is some achy pain down the lateral and anterior thigh that does not pass her knee. She has no numbness/tingling or leg weakness. On exam of her low back there is tenderness to palpation in the low back, mid back and paraspinal area on the right worse than the left. She has full flexion, extension on the left including flexion of 90 degrees, extension of 30 degrees, lateral rotation of 35 degrees and lateral bending of 35 degrees. She has 5/5 bilateral lower extremity strength and 2+ bilateral Achilles and patellar reflexes. There is a negative straight leg raise. There is intact sensory function in the bilateral lower extremities. x-rays of her lumbar spine done today. These x-rays demonstrate reveal moderate degenerative disc space narrowing at multiple lumbar levels. She also has an L3-L L4, 1mm anterolisthesis. MRI results dated March 25.2014 demonstrate L2-L3, 3 mm disc bulge. L3-L4, 3 mm disc bulge and a grade 1

anterolisthesis of L3 over L4 and L4-L5 of 2 to 3 mm posterior disc bulge. The treatment plan included another course of PT (12 sessions) at a different physical therapy facility for a different perspective on back rehabilitation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 3 x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy, Back

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

**Decision rationale:** Physical Therapy 3 x 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had extensive lumbar physical therapy. There are no extenuating factors that would require 18 more supervised therapy visits. The patient should be versed in a home exercise program at this point. The request for physical therapy 3 x 6 is not medically necessary.