

<b>Case Number:</b>	CM14-0203505		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Family Practice and is licensed to practice in Florida. 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 46-year-old female sustained a work related injury on 4/10/2012. The mechanism of injury was not described. The current diagnoses are lumbar radiculitis, lumbar radiculopathy, chronic pain, and depressive disorder. According to the progress report dated 11/10/2014, the injured workers chief complaints were low back pain that radiates down bilateral lower extremities, left greater than right. The pain is accompanied by frequent numbness in the left lower extremity to the level of the foot. The pain is aggravated by activity, standing, and walking. Additionally, she reports bilateral buttocks pain. The pain is rated 7/10 with medications and 9/10 without. The physical examination of the lumbar spine revealed tenderness in the bilateral paravertebral area L4-S1 upon palpation. Range of motion was moderately limited, secondary to pain. Pain was significantly increased with flexion and extension. Sensory exam shows decreased sensitivity to touch along the L5-S1 dermatome in the left lower extremity. Straight leg raise test was positive. During this visit, a Toradol injection with B12 was given for an acute increase in pain. Current medications are Cyclobenzaprine, Gabapentin, Bupropion, Celebrex, Temazepam, and Tramadol. On this date, the treating physician prescribed 8 physical therapy sessions to the lumbar spine, which is now under review. The treating physician did not describe any specific reasons for prescribing the physical therapy. In addition to physical therapy, the treatment plan included additional chiropractic, Bupropion, and Gabapentin. The injured worker reports activity of daily living limitations in the following areas: ambulation, sleep, and sex. She was previously treated with TENS unit, chiropractic, medications, and epidural steroid injections. On 2/7/2014, the injured worker had a lumbar epidural steroid injection in the left L4-S1. She reported minimal (5-20%) improvement. When physical therapy was first prescribed work status was off work. On 11/26/2014, Utilization Review had non-certified a prescription for 8 physical therapy sessions to the lumbar spine. The physical therapy was non-certified based on

insufficient documentation of objective functional improvement with previous therapy. The Official Disability Guidelines were cited.

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

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

#### **8 physical therapy, 2 times 4 weeks for the lumbar spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

**Decision rationale:** In accordance with California MTUS guidelines, the physical medicine recommendations state, "8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis." In this patient's case, she carries a diagnosis of lumbar radiculopathy. The records do not state if she has had prior physical therapy. The provided records only state that she had a 70% improvement with prior chiropractic therapy. The utilization review physician did not approve this request for physical therapy since no details were specified regarding what type of objective functional improvement was experienced with the prior chiropractic treatment (increased range of motion, etc.) Areas of functional improvement that were noted secondary to chiropractic therapy per a 11/10/2014 pain medicine re-evaluation note are as follows: bathing, combing/washing hair, cooking, doing laundry, dressing, driving, mood, shopping, sitting, standing walking in the neighborhood, and washing dishes, but, it needs to be stated that this is not a review for continuation of further chiropractic therapy. This review is for whether or not this patient should receive physical therapy, and the requesting physician has asked for the recommended number of treatments for a first time trial of physical therapy for radiculitis (8 visits over 4 weeks) in accordance with MTUS guidelines. Therefore, this request for physical therapy is considered medically necessary and appropriate.