

<b>Case Number:</b>	CM14-0205558		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, 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 29 year old female with an injury date of 06/07/12. Based on the 03/31/14 progress report, the patient complains of recurrent herniated nucleus pulposus with left leg pain. He has tight muscles, and increased pain with decreased range of motion. The 10/01/14 report indicates that the patient has lumbar spine pain. She continues to have left sciatica and is "scheduled to deliver a baby girl next week." The 10/29/14 report states that the patient continues to have lumbar spine pain as well as left leg pain. On 12/03/13, the patient had a left L4-L5 discectomy. The patient is diagnosed with sciatica due to displacement of lumbar disc. The utilization review determination being challenged is dated 11/20/14. There were three treatment reports provided from 03/31/14, 10/01/14, and 10/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 8 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:** The patient presents with recurrent HNP with left leg pain as well as lumbar spine pain. The request is for physical therapy times 8 visits to address deconditioning. The rationale is that there are no "extenuating circumstances which indicate the need for return to skilled care of limit the claimant from performing a home exercise program." The MTUS pages 98 through 99 have the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 also state that for "myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." She underwent a left L4-L5 discectomy on 12/03/13 and is past the 6 month post-surgical time frame. The utilization review denial letter states that the patient "has had extensive physical therapy treatment." It appears as though the patient has had prior physical therapy sessions; however, there is no indication of how many sessions the patient had, when the patient had these sessions, or how it impacted her pain and function. In addition, there is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Therefore, the requested physical therapy is not medically necessary.