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| <b>Case Number:</b>   | CM14-0209627 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 01/18/2006 |
| <b>Decision Date:</b> | 02/18/2015   | <b>UR Denial Date:</b>       | 12/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 56-year-old female with a date of injury of 01/18/2006. According to progress report dated 09/18/2014, the patient presents with ongoing neck as well as low back pain. The patient has completed 6 sessions of physical therapy for the lower back. The patient has also received chiropractic and acupuncture treatment. In regards to the lower back, the patient has symptomatic spondylolisthesis at L4-L5 with radiculopathy causes sciatic pain. In regards to the cervical spine, the patient has cervical radiculopathy involving C6-C7. Recommendation was for patient to continue with physical therapy and to follow up in 6 weeks. No physical examination was provided. Physical therapy treatment report dated 10/28/2014 documents that the patient has participated in six physical therapies between 10/06/2014 and 10/28/2014. It was noted that the patient continues with limitations which are minimal, and there was improved left lower extremity strength. Recommendation was for patient to continue with further physical therapy to decrease subjective pain and left lower extremity radicular symptoms. According to progress report dated 11/06/2014, the patient had an EMG/nerve conduction study which showed left L5 lumbar radiculopathy. There was no physical examination. Recommendation was for patient to continue with physical therapy twice a week for another 6 weeks as this has been very helpful. The patient continues to be TTD status. The utilization review denied the request for physical therapy on 12/02/2014. The medical file provided review includes progress reports dated 09/18/2014, 10/30/2014, and 11/06/2014. There is 1 physical therapy treatment report dated 10/28/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks (12 total) to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** This patient presents with chronic low back pain that radiates into the lower extremity. The current request is for physical therapy (PT) 2 times a week for 6 weeks (12 total) to the lumbar spine. For physical medicine, the MTUS Guidelines pages 98 and 99 recommend for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. The medical file provided for review includes no physical examinations. According to progress report dated 09/18/2014, the patient completed 6 physical therapy sessions. Physical therapy progress note dated 10/28/2014 notes the patient underwent additional 6 sessions between 10/06/2014 and 10/28/2014. On 11/06/2014, the treating physician recommended additional 12 sessions. In this case, there is no rationale provided to indicate why the patient is not able to transition into a self-directed home exercise program. In addition, there is no new report of new injury, surgery or diagnoses that substantiate the current request for additional sessions. The patient has participated in 12 sessions, and the requested additional 12 sessions exceeds MTUS recommendation for 9 to 10 sessions. The requested additional PT is not medically necessary.