

<b>Case Number:</b>	CM14-0214914		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/31/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 & Rehabilitation

### 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 40 year old female with the injury date of 03/31/13. Per physician's report 10/03/14, the patient has low back pain, radiating down her right leg. EMG shows right S1 radiculopathy. Her lumbar flexion is 20 degrees, extension is 10 degrees and lateral bending is 10 degrees bilaterally. The patient has had acupuncture and chiropractic treatment in the past. The lists of diagnoses are: 1) Acute low back pain. 2) Lumbar radiculopathy. Per 09/16/14 progress report, the patient has low back pain at 4/10. Per 07/10/14 progress report, the patient takes Motrin and Flexeril. The patient has had two ESIs in the past. MRI of the lumbar spine reveals 1) minimal disk narrowing L3-4, L4-5, and L5-S. 2) small possible associated central disk protrusion, or part disk bulge, extending slightly inferiorly at L5-S1. 3) mild spinal canal narrowing L4-5 and L5-S1. The utilization review determination being challenged is dated on 12/16/14. Treatment reports were provided from 06/26/14 to 01/09/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for six weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The patient presents with pain and weakness in her lower back and right leg. The request is for additional 12 sessions of physical therapy. Per the utilization review letter on 12/16/14, the patient has been authorized for 12 sessions of therapy in the past. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, none of the reports discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. It would appear that the patient has had adequate therapy. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with 12 already authorized would exceed what is recommended per MTUS guidelines. The request of additional physical therapy is not medically necessary.