

<b>Case Number:</b>	CM15-0003733		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/09/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Arizona

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 injured worker is a 36-year-old female who reported an injury on 08/09/2014. The mechanism of injury was unspecified. The relevant diagnoses include right lumbar radiculopathy, rule out disc herniation, right lumbar myofascial pain, right ribcage tenderness, and cervical myofascial pain, resolving. Her past treatments included physical therapy, medications, brace, and TENS unit. On 11/08/2014, the injured worker complained of low back pain rated 7/10 with right lower extremity symptoms and cervical pain rated 6/10. The physical examination revealed tenderness of the lumbar spine in the lumbar paraspinal musculature. The lumbar range of motion with percent revealed flexion at 50, extension at 40, bilateral lateral tilt at 40, bilateral rotation at 40, and a positive straight leg raise on the right. The cervical spine revealed tenderness with limited range of motion. Her current medications included hydrocodone 10 mg and tramadol 150 mg. The treatment plan included physical therapy 3 times a week for 4 weeks with mild to moderate intensity with active therapies to encourage strengthening, as well as work hardening. A Request for Authorization Form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xWk x 4Wks Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) , Low Back

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

**Decision rationale:** The request for physical therapy 3xwk x 4wks lumbar spine is not medically necessary. According to the California MTUS Guidelines, physical therapy may be allotted for patients with neuralgia, neuritis, or radiculitis with 8 to 10 visits over 4 weeks. Furthermore, the guidelines state that injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker is indicated to have completed 12 previous physical therapy sessions. However, there was a lack of documentation in regards to objective functional improvement. There was also a lack of documentation in regards to exceptional factors for consideration to indicate additional sessions that are beyond the guideline outliers. Furthermore, the request as submitted exceeds the number of visits recommended by the guidelines. Therefore, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.