

<b>Case Number:</b>	CM15-0006951		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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

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 50 year old female, who sustained an industrial injury on 7/06/2012, after a motor vehicle accident. She has reported low back pain. The diagnoses have included thoracic sprain and lumbar disc disease with radiculopathy. Treatment to date has included conservative measures, including physical therapy. Currently, the injured worker complains of back and leg pain. Straight leg raise was positive on the right. Palpation of the lumbar facet revealed pain on both sides of the L3-S1 region and over the lumbar intervertebral spaces. Gait appeared normal. Anterior flexion of the lumbar spine was 40 degrees, and extension was 15 degrees. A progress report, dated 9/05/2014, referenced radiographic findings. X-rays of the cervical and lumbar spine showed mild multilevel disc disease. The thoracic spine was referenced as having normal findings. The PR2 report, dated 10/24/2014, noted that the injured worker completed 5 physical therapy sessions, and symptoms were unchanged. She stated that physical therapy did not help yet. On 12/11/2014, Utilization Review non-certified a request for additional 12 (3x4) physical therapy sessions for the lumbar spine, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 sessions of Physical Therapy to the lumbar spine (3x4 weeks): 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 medicine Page(s): 98-99.

**Decision rationale:** The patient was injured on 07/06/12 and presents with low back pain, lumbar disc disease with radiculopathy, and thoracic sprain. The request is for 12 ADDITIONAL SESSIONS OF PHYSICAL THERAPY TO THE LUMBAR SPINE, 3 X 4 WEEKS. There is no RFA provided and the patient is under modified work duty with the following restrictions: no lifting/carrying 20 lbs, no prolonged standing/walking, no bending, stooping, climbing, kneeling, squatting, or crawling. The 10/24/14 report indicates that the patient has already completed 5 sessions of therapy. MTUS page 98 and 99 has 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 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the reports provided does not mention if the patient has had any recent surgery. The 10/24/14 report states that "she has completed 5 sessions of physical therapy which has not helped yet." An additional 12 sessions of therapy to the five sessions she has already had exceeds what is recommended by MTUS guidelines. Furthermore, the patient's prior sessions of therapy did not provide any benefit. The requested occupational therapy IS NOT medically necessary.