

<b>Case Number:</b>	CM15-0103535		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/15/1999
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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:

This 66-year-old female sustained an industrial injury to the low back on 12/22/99. Previous treatment included lumbar fusions, physical therapy, epidural steroid injections, lumbar facet blocks, sacroiliac joint injections, spinal cord stimulator and medications. In a PR-2 dated 4/10/15, the injured worker was two weeks status post spinal cord stimulator revision. The injured worker complained of low back and bilateral buttock pain, rated 4/10 on the visual analog scale. Physical exam was remarkable for lumbar spine incision clean, dry and intact, no tenderness to palpation to the lumbar spine, 5/5 lower extremity motor strength and negative straight leg raise bilaterally. The injured worker walked with a normal gait and had a normal heel-toe swing through gait with no evidence of limp. There was no evidence of weakness when walking on the toes or heels. Current diagnoses included status post L3-S1 fusion, right L4 foraminal stenosis, L2-3 disc degeneration with stenosis, right leg radiculopathy, bilateral sacroiliac joint dysfunction and malpositioned spinal cord lead. The treatment plan included requesting authorization for postoperative physical therapy for the lumbar spine three times a week for six weeks and continuing with Oxycodone for pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy post operative 3 times a week for 6 weeks, lumbar spine Qty 18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations.

**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 and is status post spinal cord stimulator revision. The current request is for Physical therapy post-operative 3 times a week for 6 weeks, lumbar spine Qty 18. Previous treatment included lumbar fusions, physical therapy, epidural steroid injections, lumbar facet blocks, sacroiliac joint injections, spinal cord stimulator and medications. The MTUS Chronic Pain Management Guidelines, pages 98, 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 04/10/15, the patient complains of low back and bilateral buttock pain, rated 4/10 on the visual analog scale. Physical exam was remarkable for lumbar spine incision clean, dry and intact, no tenderness to palpation to the lumbar spine, 5/5 lower extremity motor strength and negative straight leg raise bilaterally. The treatment plan included authorization for postoperative physical therapy for the lumbar spine three times a week for six weeks. The MTUS guidelines do not discuss physical therapy following a spinal cord stimulator implant. The patient has had physical therapy in the past and the treater does not discuss why the patient would not be able to perform home exercises. Furthermore, the requested 18 sessions exceeds what is recommended by MTUS. MTUS recommends 8-10 sessions for Myalgia, myositis, neuralgia, etc. The request IS NOT medically necessary.