

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0109624 |                              |            |
| <b>Date Assigned:</b> | 06/16/2015   | <b>Date of Injury:</b>       | 02/18/2011 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 06/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/05/2015 |

### 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 (IW) is a 49-year-old female who sustained an industrial injury on 02/18/2011. Diagnoses include chronic lumbar spine strain/sprain. Treatment to date has included medications, physical therapy, activity modifications, ice, heat, massage, and home exercise. According to the PR2 notes dated 5/15/15, the IW reported she had problems with the left leg giving way and had increased symptoms in the left side. She also reported she was unable to function at work and was sent home by her employer. She was requesting a refill of Neurontin and Norco. On examination, range of motion of the back was full but guarded and tenderness was present over the left IL ligament. MRI of the lumbar spine on 6/13/14 showed evidence of small disc bulges at L3-4 and L4-5 with mild facet hypertrophy and grade I anterolisthesis at L3-4 without evidence of nerve root compression and minimal left L4-5 neural foraminal narrowing. A request was made for physical therapy twice a week for four weeks, in treatment of the thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 for the thoracic and lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Review indicates the request for PT was modified to 4 sessions. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal PT, therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic injury. Guidelines allow for 8-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. Submitted reports have adequately demonstrated the indication to support the total of 8 therapy sessions to allow for maximal functional benefit and recovery. Medical necessity has been established. The Physical therapy 2 x 4 for the thoracic and lumbar spine is medically necessary and appropriate.