

<b>Case Number:</b>	CM15-0130195		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	05/26/2007
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 56 year old female, who sustained an industrial injury on 5/26/07. Initial complaint was of a back injury. The injured worker was diagnosed as having status post right L5-S1 micro lumbar discectomy (1/31/13); cervical spondylosis C5 through C7; cervical spinal stenosis; bilateral upper extremity radiculopathy. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (6/12/13). Currently, the PR-2 notes dated 3/9/ 15 indicated the injured worker complains of right sciatica. Physical examination reveals decreased sensation on the dorsum of the right foot. There is positive straight leg raise on the right. Flexion is limited to 45 degrees at the hips with forward reach to the knees. Her motor strength is intact with deep tendon reflexes intact. She has had a right L5-S1 micro lumbar discectomy January 31, 2013. She is also diagnosed with cervical spondylosis at C5 through C7 with associated spinal stenosis and bilateral upper extremity radiculopathy. She continues complaints of her right sciatic leg pain. The provider recommends at this time an updated MRI for further evaluation and he will see her in six weeks for repeat x-rays and discuss further options. The provider is requesting authorization of additional physical therapy for the lumbar spine 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3x4 to the lumbar spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 3 times per week times four weeks the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are prior right L5 - S1 micro lumbar discectomy, January 31, 2013; and cervical spondylosis C5 through C7 with associated spinal stenosis and bilateral upper extremity radiculopathy. Date of injury is May 26, 2007. Request for authorization is June 25, 2015. The medical record contains 24 pages. There are no physical therapy progress notes in the medical record. The most recent progress note is April 20, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization June 25, 2015. The April 20, 2015 progress note is handwritten and largely illegible. Utilization review states the injured worker received 24 physical therapy sessions in 2014. Additional physical therapy was provided 2015, although the total number is not documented in the utilization review or medical records. There are no compelling clinical facts in the medical record indicating additional physical therapy (over the recommended guidelines) is clinically indicated. There are no physical therapy progress notes and no documentation demonstrating objective functional improvement with physical therapy. Consequently, absent clinical documentation with prior physical therapy progress notes and objective functional improvement, compelling clinical facts indicating additional physical therapy is warranted and the total number of physical therapy sessions (2015), physical therapy 3 times per week times four weeks the lumbar spine is not medically necessary.