

<b>Case Number:</b>	CM15-0133538		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 64 year old male, who sustained an industrial injury on 2/22/2011, while employed as a nurse. He reported severe low back pain with numbness and tingling in both legs. The injured worker was diagnosed as having sciatica, pain in joint, pelvic region and thigh, and lumbago. Treatment to date has included diagnostics, epidural steroid injections, medications, mental health treatment, and physical therapy. An Initial Neurosurgical Evaluation (2/12/2015) noted that the injured worker reported that physical therapy had been the most effective treatment to date, and additional physical therapy was requested. Additional physical therapy was noted beginning on 3/24/2015 to 4/16/2015, for 8 visits. He continued to complain of pain, rated current at 2/10, best 1/10, and worst 3/10. His Oswestry score was 34. Additional physical therapy was recommended. The treatment plan included physical therapy for the lumbar spine, 2x4. He was not working since 2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine, twice a week for four weeks:** Upheld

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

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

**Decision rationale:** The patient presents on 02/12/15 with lower back pain rated 2-3/10 on average, 7-8/10 at worst which radiates into the right lower extremity. The patient's date of injury is 02/22/11. Patient has no documented surgical history directed at this complaint. The request is for Physical Therapy for the lumbar spine, twice a week for four weeks. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the lumbar spine with spasms and guarding noted, and decreased lumbar range of motion in all planes. The provider also notes negative straight leg raise bilaterally, and intact neurological function and sensation in the lower extremities. The patient is currently prescribed Protonix, Wellbutrin, Remeron, Advil, and Norco. Diagnostic imaging was not included. Patient is currently not working. MTUS pages 98, 99 have 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." In regard to the 8 additional physical therapy sessions for the lumbar spine, the provider has exceeded guideline recommendations. The documentation provided indicates that this patient was authorized 8 sessions of physical therapy for this lumbar spine, completed from March to April 2015. MTUS allows for 8-10 sessions of physical therapy for complaints of this nature, the 8 requested sessions in addition to those already completed exceeds these recommendations. There is no discussion as to why this patient is unable to transition to a self-directed physical therapy regimen, either. Therefore, the request is not medically necessary.