

<b>Case Number:</b>	CM15-0140567		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/25/2008
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Pain Management

### 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 58 year old female who sustained an industrial injury on 05/25/2008 when she slipped in the bathroom and fell. The injured worker was diagnosed with chronic low back pain and lumbar radiculopathy. Treatment to date has included diagnostic testing with most recent lumbar spine magnetic resonance imaging (MRI) in November 2014, lumbar epidural steroid injections, transcutaneous electrical nerve stimulation (TEN's) unit, physical therapy and medications. According to the physician's progress report on May 19, 2015, the injured worker continues to experience low back pain radiating down the right buttock and wrapping around the buttock to the anterior shin and down to the foot. Examination of the lumbar spine demonstrated mild pain on palpation without significant paraspinal muscle spasm. Range of motion was noted as flexion at 45 degrees, extension at 15 degrees and bilateral lateral bending at 20 degrees. Straight leg raise was positive on the right and negative on the left. Faber sign was negative and Waddell sign was 0 out of 5. The tibial anterior and extensor hallucis longus muscles were documented at 4+ out of 5 on the right lower extremity. Numbness was noted in the medial portion of the foot and leg on the right in an L5 distribution. Deep tendon reflexes were intact. The injured worker was deemed Permanent & Stationary (P&S). Current medications are listed as Tramadol, Voltaren XL, Tizanidine and Omeprazole. Treatment plan consists of continuing with medication regimen, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit purchase and the current request for physical therapy to the lumbar spine. Notes indicate that the patient has completed 12 therapy sessions thus far. A note dated April 2, 2015 indicates that the main benefit from therapy was the tens unit which gave her 50% relief.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times a week for 4 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.