

<b>Case Number:</b>	CM15-0146975		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/25/2008
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 59 year old female who sustained a work related injury August 25, 2008. According to a pain management re-evaluation dated, May 21, 2015, the injured worker had underwent an ablation at the L4-5 and L5-S1 levels, on the right, five months ago and was doing well. She now reports low back pain, which is constant and varying in intensity. She does have some relief from Cymbalta and ibuprofen. Physical examination revealed muscular tension and tenderness throughout the back with decreased range of motion. Flexion is 45 degrees, extension 10 degrees with 2+ pain, lateral bending 20 degrees, and rotations are 45 degrees. There is a positive facet loading test bilaterally and straight leg raise is negative. Diagnosis is documented as axial low back pain secondary to facet arthropathy. Treatment plan included to repeat ablation, continue medication, and at issue, a request for authorization for physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, Lumbar spine, 2 times a week for 6 weeks, 12 sessions:** 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, 99.

**Decision rationale:** The 59 year old patient complains of low back pain and is status post right L4-5 and L5-S1 ablation, as per progress report dated 05/21/15. The request is for physical therapy, lumbar spine, 2 times a week for 6 weeks, 12 sessions. There is no RFA for this case, and the patient's date of injury is 08/25/08. Diagnosis, as per progress report dated 05/21/15, included axial low back pain secondary to facet arthropathy. Current medications include Cymbalta and Ibuprofen. The patient is not working, as per the same progress report. MTUS Chronic Pain Management Guidelines, pages 98, 99 under Physical Medicine section 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. In this case, the patient has had physical therapy in the past as indicated by progress report dated 03/30/10. As per progress report dated 01/14/15, the patient has transitioned to a home stretching and strengthening program. In progress report dated 05/21/15, the treater states that the patient experienced significant pain relief from radiofrequency ablation for 8 to 9 months but frequency and intensity of pain has increased recently. The treater is requesting for physical therapy to see if we can calm flare-up down by means of therapy. The progress reports do not document the number of PT sessions completed in the past. Nonetheless, it appears that the patient has not undergone any therapy in recent times and may benefit from the treatment, given the recent flare-up. However, MTUS allows for only 8-10 sessions of PT in non-operative cases and the treater's recommendation of 12 sessions exceeds that limit. Hence, the request is not medically necessary.