

<b>Case Number:</b>	CM15-0160206		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 28 year old female who sustained an injury on 3-28-13 resulting when she tripped and fell. Diagnoses included lumbar disc herniation and myofascial pain syndrome. Diagnostic testing included MRI lumbar spine. Treatment has included a functional restoration program; spinal stabilization intensive exercise and rehabilitation program; core stabilization and lumbar exercise program; heel lift to help her functional right leg length discrepancy and SI belt to help SI joint pain. 7/10/15 PR2 examination reports the IW has a flare up in her low back. She has severe pain with sitting and has tried to do home exercise program and foam roller does help but is not getting better. Current medications included Tylenol 325 mg, once daily; Norco 10-325 mg, 1 twice a day and Naproxen Dr 500 mg, 1 tablet twice a day as needed for flare up. Lumbar spine examination reveals range of motion is restricted with flexion limited to 50 degrees and is restricted with extension limited to 5 degrees due to pain but normal right lateral bending and left lateral bending. There is tenderness on palpation, paravertebral muscles and no spasms. Spinous process tenderness noted on L5 lumbar; tenderness noted over the gluteus muscles on the right side and tenderness to palpation of the left piriformis muscles. Gait is noted as right sided antalgic. Restrictions at this exam include no carrying above 40 pounds, no lifting above 40 pounds, no pushing, pulling to exceed 35 pounds and not standing to exceed 6 hours per day. The IW is unable to work and is medically temporarily totally disabled. Diagnoses are Lumbar disc herniation and Myofascial pain syndrome. Physical therapy was requested. Medication change to Medrol doses pack and discontinue Norco 10-325 mg. Current requested treatments: 8 physical therapy visits for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 physical therapy visits for the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy.

**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 Chapter, Physical Therapy.

**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. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.