

<b>Case Number:</b>	CM15-0167224		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	09/08/1995
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Hawaii  
 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 was a 52 year old female, who sustained an industrial injury, October 9, 1992. The injury was sustained when the injured worker was chasing a suspect and jumped over a 6 foot wall dropping 12 feet and landing on the feet while wearing approximately 25 pounds of gear. The injured worker previously received the following treatments lumbar spine MRI, lumbar myelogram, lumbar spine x-rays, 5 physical therapy for the lumbar spine, chiropractic services, Ibuprofen, Aleve, random toxicology laboratory studies which were negative for any unexpected findings, lidocaine patches, Hydrocodone and Amitriptyline. The injured worker was diagnosed with lumbar radiculitis, herniated nucleus pulposus at L4-L5, lumbar mechanical discogenic pain syndrome, lumbago and status post remote laminectomy at L5-S1 on the left. According to physical therapy progress note of July 29, 2015, the injured worker's chief complaint was lumbar spine pain. The injured worker had functional improvement from prior physical therapy for the lumbar spine. The injured worker had increased range of motion according to the progress notes of March 4, 2015, flexion of 40 degrees, extension of 15 degrees, left lateral bend of 15 degrees, the right lateral bend of 15 degrees with a pain level of 7. March 26, 2015 the flexion was 35 degrees, extension of 15 degrees, left lateral tilt of 10 degrees and right was 10 degrees with a pain level of 8 and April 4, 2015 range of motion was unchanged. The treatment plan included 18 physical therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for 18 physical therapy sessions. The requesting treating physician report was not found in the documents provided for review. A medical document dated 7/20/15 (59B) states, "There were 6 sessions of PT done starting on 3-21-2014 through 4/2/2014." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 6 sessions prior physical therapy. In this case, the patient has received at least 6 sessions of physical therapy to date and the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the current request does not specify what body part is to be treated during therapy. The current request is not medically necessary.