

<b>Case Number:</b>	CM15-0181765		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female who sustained an industrial injury on 02-26-2013. Medical records indicated the worker was treated for back pain. In the provider notes of 07-30-2015, the injured worker complained of low back pain with continued numbness in the legs. She had reduced sensation to light touch in the left S1 distribution. Her diagnoses include lumbosacral herniated nucleus pulposus and radiculopathy, chronic pain, coccyx pain, and right tarsal tunnel syndrome. Current therapy includes physical therapy 2 times a week to continue x 6 weeks. Her twice-weekly physical therapy sessions began in March 2015. She was requested a home therapy exercise equipment on 06-10-2015. Medications include Naproxen, Gabapentin, and Baclofen. Prior therapy includes steroid injection, which gave 50% pain reduction. On exam (07-30-2015), there was noted diminished range of motion with lumbar flexion and extension, bilateral lumbar bend and bilateral lumbar rotation. She has tenderness to palpation in the coccyx at midline, and decreased sensation in the left L5-S1 distribution. The treatment plan included medication refills and a request for physical therapy. A request for authorization was submitted for Physical Therapy, twice a week for six weeks. A utilization review decision 09- 02-2015 gave modified approval for physical therapy sessions twice a week for a total of 10 sessions.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy, twice a week for six weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. The claimant had already undergone at least 12 sessions of therapy in the past. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary.