

<b>Case Number:</b>	CM15-0182721		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, 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 is a 37 year old female, who sustained an industrial injury on 4-11-2013. The injured worker is undergoing treatment for: lumbago, post-laminectomy syndrome of the lumbar, and limb pain. Dates of service reviewed include: 12-22-2014 to 8-21-2015. On 7-6-2015, she rated her low back pain 8 out of 10 and indicated there was numbness and tingling in the left lower extremity. She reported that her pain keeps her from prolonged activity including walking and sitting. She is noted to be authorized for chiropractic and physical therapy sessions. On 8-21-2015, she reported continued low back pain. She is reported to have found previous physical therapy helpful and that physical therapy found her left leg to be shorter than the right. She indicated she was improving slowly and rated her current pain 3-4 out of 10. She also reported radiating pain into the left lower extremity and associated tingling into the left foot. Physical findings revealed her to use a cane for ambulation, antalgic gait, and difficulty sitting down and standing up. The treatment and diagnostic testing to date has included: multiple chiropractic sessions, QME (12-22-2014 and 1-14-15), lumbar discectomy (9/2014), lumbar x-ray (5-6-2013), lumbar magnetic resonance imaging (5-17-2013), and previous physical therapy (amount of completed sessions is unclear, completed in 2013 and 2015); electrodiagnostic studies (1-12-2015) revealed evidence of fibular nerve impingement across the left side fibular head otherwise the findings are noted to be within normal limits. Medications have included: Gabapentin, Tramadol, Celebrex, and Flexeril. Current work status: She is on limited work status, and is noted to not be currently working. The request for authorization is for: outpatient physical therapy (PT) eight (8) sessions two times weekly for four weeks to the lumbar and pain management referral. The UR dated 9-10-2015: certified the request for outpatient pain

management referral; and non-certified the request for outpatient physical therapy (PT) eight (8) sessions two times weekly for four weeks to the lumbar.

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

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

**Physical therapy (PT) 2x a week for 4 weeks (8 sessions) to the lumbar spine:** 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 medical records indicate the patient has chronic low back pain, which travels into the left lower extremity. The most relevant attending physician report indicates the patient has been receiving PT and that this has helped her. The CA MTUS does recommend physical therapy at a decreasing frequency with a transition into independent home exercise. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. CA-MTUS guidelines does recommend continued physical therapy with objective documentation of functional improvement. In this case, the records fail to disclose how many prior physical therapy sessions the patient has completed. There is no objective documentation of functional improvement or numerical pain scale, which indicates decreasing pain. The medical records in this case do not establish medical necessity for this request. The request for PT, 8 sessions is not medically necessary.