

<b>Case Number:</b>	CM15-0190336		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Recieved:</b>	09/28/2015

### 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: 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 61 year old male who sustained an industrial injury on 8-23-13. A review of the medical records indicates he is undergoing treatment for lumbar strain with right L4-L5 disc herniation and bilateral neural foraminal encroachment and central stenosis, as well as diabetes mellitus, type II and essential hypertension. Medical records (5-6-15 to 8-12-15) indicate ongoing complaints of "moderate" low back pain with numbness and tingling extending to the left leg and foot. The physical exam (8-12-15) reveals that the injured worker walks with "a mild left-sided limp". "Moderate" bilateral paralumbar tenderness is noted, that extends into the sciatic notch on the left. Deep tendon reflexes are symmetrical. Sensation is noted to be "attenuated in the lateral thigh". The straight leg raise is "mildly positive" at 35 degrees. Diagnostic studies have included an MRI of the lumbar spine on 8-4-14 and a Doppler study of the veins of bilateral lower extremities on 7-13-15 during an ER admission for leg cramps. Treatment has included a lumbar epidural, medications, the use of a lumbar brace, home exercises, and modified work duties. It is unclear if the injured worker is currently working (8-12-15), as the treating provider recommended modified duty, but indicates that if the modifications cannot be provided, he would be considered temporarily disabled from regular work. The 8-12-15 progress record indicates recommendations for physical therapy, indicating that the injured worker has "not received any previous therapy". The progress note on 6-9-15 indicates requested treatment for "12-16 additional physical therapy sessions". The utilization review (9-22-15) includes a request for authorization for 6 physical therapy sessions for the lumbar spine. This request was denied.

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

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

### **6 Physical therapy sessions, lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 week. 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. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant was already instructed to perform home exercises. The amount of prior therapy sessions completed are unknown and progress notes were not provided from therapy. Consequently, additional therapy sessions are not medically necessary.