

<b>Case Number:</b>	CM15-0191613		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	10/12/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 23 year old male, who sustained an industrial injury on 10-12-14. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 8-18-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker complains of low back pain, "any prolonged standing or walking, coughs [illegible] pain radiates to bilateral legs. Patient has difficulties sleeping due to low back discomfort. Patient complains of numbness and tingling to plantar bilateral feet." Objective findings are documented as "positive tender to palpation lumbar spine, bilateral SI joints, [illegible], range of motion flexion to 40 degrees, 'BxT ' 22 degrees with pain -spasm. [Illegible]." The provider is requesting physical therapy for the lumbar spine. The rest is illegible. Another PR-2 dated 5-15-15 indicated the actual exam was done on 4-28-15. These notes are of an orthopedic evaluation and treatment. It notes the injured worker last worked 12-2014. The provider notes the injured worker has had physical therapy and then chiropractic therapy for this low back and this helped alleviate some of the pain he was experiencing, however, the second chiropractic adjustment increased his pain. He then received acupuncture 6 sessions that included electrostimulation which he felt was beneficial. He was dispensed a TENS unit in February 2015 for home treatment. The provider documented "The patient complains of intermittent aching and burning pain in the low back region that increases depending on activity. On a visual analog scale, with 0 being no pain and 10 excruciating pain, the patient rates his pain at a 7-8 out of 10. He experiences muscle spasms, and reports intermittent numbness and tingling in the low back. The patient has difficulty falling

asleep and awakens during the night due to low back pain. There is spasm in the low back." The provider notes the injured worker had approximately 24 physical therapy sessions. He relates they helped a little, but the pressure that was placed on his low back was too much to tolerate. A Request for Authorization is dated 9-29-15. A Utilization Review letter is dated 9-12-15 for non- certification for 8 additional physical therapy visits for the lumbar spine. A request for authorization has been received for 8 additional 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 additional physical therapy visits for the lumbar spine: 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. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant underwent work hardening and functional restoration as well as an unknown amount of therapy in the past. Consequently, additional therapy sessions are not medically necessary.