

<b>Case Number:</b>	CM15-0192175		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina, Georgia  
 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 59 year old male, who sustained an industrial injury on 10-7-13. The documentation on 8-11-15 noted that the injured worker has complaints of severe middle back pain that he rates his symptoms as a 7 out of 10 on the pain scale and complaints of severe low back pain that radiates into his left greater than right lower extremity with numbness and tingling in both legs and feet. The injured worker complains of cramping in his left calf and rates his pain as a 6 out of 10. There are lumbar paraspinal spasms and straight leg raise is positive at 25 degrees and on the right and 20 degrees in the left in a seated position. Range of motion is decreased and exquisitely painful upon extension. Palpation of the thoracolumbar paraspinal musculature elicits tenderness. Palpation of both sciatic notches elicits radicular symptoms into the corresponding extremity and there is loss of sensation in the L5 nerve distribution bilaterally, more so on the left. The diagnoses have included vertebral fracture T12-L1; grade 1 spondylosis L5 on S1 (sacroiliac) and left greater than right L5 radiculopathy. The documentation noted that the injured worker had an inguinal hernia repair in March of 2014. Medications listed were Lisinopril per family physician. Thoracic spine X-rays on 7-7-15 revealed there is no evidence of thoracic spine fracture and there is mild disc degeneration of the mild to lower thoracic spine. Lumbar spine X-rays on 7-7-15 revealed that there is no evidence of lumbar spine fracture; there is mild disc degeneration of the visualized lower thoracic spine at T10-11 through T12-L1 and there is also mild to moderate anterior osteophyte formation, spondylosis across the lumbar spine. Lumbar spine magnetic resonance imaging (MRI) on 6-12-15 revealed at T12, L1 there is a 4 millimeter disc extrusion however there is no spinal or foraminal stenosis; at L2-3 there is a 3

millimeter left posterior lateral disc protrusion and annular fissure producing mild left foraminal stenosis with displacement of the left L2 nerve root distal to the neural foramen and at L5-S1 (sacroiliac) there is 1-2 millimeter anterolisthesis with chronic bilateral spondylosis plus a 2 millimeter disc protrusion producing mild right foraminal stenosis including slight displacement of the right L5 nerve root. The original utilization review (8-28-15) non-certified the request for physical therapy 2 times a week for 4 weeks, lumbar spine.

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

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

**Physical Therapy 2 times a week for 4 weeks, lumbar spine:** Upheld

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

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

**Decision rationale:** The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed prior physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for 2 x 4 sessions of physical therapy sessions is not medically necessary.