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| <b>Case Number:</b>   | CM15-0193548 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 10/30/2014 |
| <b>Decision Date:</b> | 11/16/2015   | <b>UR Denial Date:</b>       | 09/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old female, who sustained an industrial injury on 10-30-2014. The injured worker (IW) is being treated for low back pain and right leg radiculopathy with history of old L5-S1 herniated disc and microdiscectomy with new lumbar injury. Per the records, treatment to date has included bracing, diagnostics, medications, physical therapy and chiropractic care. Per the 7-17-2015 medical record, the IW received anti-inflammatory medications, a knee brace, an ankle brace and a lumbar spine brace and she was started on a course of physical therapy. Per the 8-18-2015 notes, the IW has not received physical therapy, chiropractic care or acupuncture. Per the Initial Orthopedic Consultation Report dated 7-17-2015, the injured worker reported for evaluation of low back pain with radiation to the right leg. She currently denies any radicular symptoms. Objective findings included diffuse paraspinal tenderness and spasm. Per the medical records, it is unclear how many visits, if any, of prior physical therapy the IW has completed. Work status was temporarily totally disabled. The plan of care included, and authorization was requested for 12 (2x6) visits of physical therapy for the lumbar spine. On 9-01-2015, Utilization Review non-certified/modified the request for 12 (2x6) visits of physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, lumbar spine, 2 times weekly for 6 weeks, 12 sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in October 2014 when, while working as a security patrol officer, she was involved in motor vehicle accident. Treatments have included physical therapy and from 04/15/15 through 05/11/15, eight sessions are documented. She was seen for an initial orthopedic consultation on 07/17/15. She was receiving appropriate treatment for her other orthopedic injuries. Physical examination findings included a body mass index over 30. There was diffuse paraspinal tenderness with spasms. There was decreased right lower extremity strength and positive straight leg raising. Although the report references treatment recommendations being limited to the claimant's cervical spine, physical therapy for the lumbar spine was requested. When seen by the requesting provider, she was having low back, bilateral hand, left knee, and right hip and right ankle pain. Pain was rated at 7-10/10. She was noted to ambulate with a cane. There was decreased lumbar spine, left knee, and right hip and right ankle range of motion. There was lumbar paraspinal tenderness with positive left straight leg raising and decreased left lower extremity strength and sensation. There was positive left McMurray's testing. There was right sacroiliac joint tenderness. There was right ankle tenderness with slight swelling. Authorization for the physical therapy that had been recommended by the orthopedic consultant in July 2015 was requested. In this case, the claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Multiple providers are making treatment recommendations and there is poor coordination of care. The request is not medically necessary.