MAXIMUS Federal Services

| Case Number: | CM15-0196460 | | |
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| Date Assigned: | 10/12/2015 | Date of Injury: | 09/05/2009 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

## 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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 70 year old female who sustained an industrial injury on 9-5-09. A review of the medical records indicates she is undergoing treatment for lumbar radiculitis. Medical records (4-22-15 to 9-14-15) indicate ongoing complaints of mid and lower back pain, rating "3-5 out of 10". The 4-22-15 progress record indicates her description of the pain as "burning, sharp, and stabbing". On 9-14-15, she describes the pain as "dull and aching with muscle pain". She reports that she "avoids physically exercising and participating in recreation because of the pain". She also reports that she can "walk three blocks before having to stop because of pain". The physical exam (9-14-15) reveals forward flexion of the lumbar spine at 45 degrees, extension 15 degrees, and side bending 20 degrees bilaterally. Tenderness to palpation is noted over the bilateral lumbar paraspinal muscles. Lumbar facet loading maneuver is positive bilaterally. The straight leg raise test is negative bilaterally in the seated and supine positions. Motor strength testing reveals "normal bulk and tone in all major muscle groups of the lower extremities". Sensory exam is noted to be "grossly intact". Diagnostic studies have included x-rays of the cervical and thoracic spine. Treatment has included medications and a home exercise program. Physical therapy has been requested. The Utilization Review (9-29-15) includes a request for authorization for physical therapy two times a week to the lumbar spine for a quantity of 12. The request was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine, twice a week for six weeks:** 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:** According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for her diagnoses, but the requested 12 visits are not within guidelines. Furthermore, her low back injury has been present since 9-5-09, with an unknown number of physical medicine treatments, and she is currently participating in a home exercise program. Therefore, the request for physical therapy for the lumbar spine, twice a week for six weeks, as an outpatient is not medically necessary.