

<b>Case Number:</b>	CM15-0198086		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	05/27/2003
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Maryland

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

### 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 60 year old female, who sustained an industrial injury on 5-27-2003. The injured worker was diagnosed as having myofascial pain, lumbar radiculopathy, and lumbar post-laminectomy syndrome. Treatment to date has included diagnostics, lumbar spinal surgery in 2004, lumbar epidural steroid injection, lumbar facet joint injections 5-04-2015, recent physical therapy for the low back x4 sessions in 9-2015, and medications. Currently (9-11-2015), the injured worker complains of chronic low back pain, rated 3-4 out of 10 with medication use and 8 out of 10 without. She requested medication refills and stated that physical therapy was helping her feel more mobile and stronger, though her pain is flared. She requested an anti-inflammatory medication and additional physical therapy sessions "to help her progress". Current medications included Oxycodone, Gabapentin, Losartan, and HCTZ. A review of symptoms noted that she was trying current weight loss through diet change and increased exercise. She reported "a low level of interference with work, concentration, mood, sleep patterns and overall daily functioning". Exam of the lumbar spine noted pain to touch and with movement at the left sacroiliac joint area, 30% restricted flexion (20% on 7-10-2015), 80% restricted extension (unchanged 7-10-2015), 20% restricted right lateral bend (unchanged 7-10-2015), 50% restricted left lateral bend (40% on 7-10-2015), positive left Patrick's and straight leg raise, and positive compression. Dysesthesia was noted down both legs, left greater than right. Motor strength was 4 of 5 on the left (unchanged 7-10-2015). The physical therapy progress report (9-08-2015) noted instruction in home program. The treatment plan included

additional physical therapy for the lumbar spine x10 sessions, modified to additional physical therapy for the lumbar spine x4 by Utilization Review on 9-21-2015.

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

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

**Physical therapy x 10 sessions to lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy x 10 sessions to lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had 4 recent PT sessions. The patient also has had an injury dating back to 2003. It is unclear how many total lumbar PT sessions this patient has had in the past. The patient should be well versed in a home exercise program by now. There are no extenuating factors which would necessitate 10 more supervised therapy visits therefore this request is not medically necessary.