

<b>Case Number:</b>	CM15-0199097		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female, who sustained an industrial injury on 03-10-2014. She has reported subsequent low back, lower extremity, and shoulder and knee pain and was diagnosed with lumbar strain, right sciatica, diffuse lumbar spondylosis and mild stenosis, left shoulder rotator cuff tendinosis and right knee pain. Documentation shows that extensive treatment for the knee and shoulder had been received including physical therapy, Cortisone injections and pain medication but that the injured worker had not received any previous treatment for the lumbar spine. In an orthopedic consultation note dated 06-26-2015, the injured worker reported right knee and shoulder pain and low back pain radiating to the right buttocks to the toes with numbness tingling and weakness of the foot. The physician noted that 12 sessions of physical therapy. Objective findings showed lower midline tenderness to palpation of the lumbar spine, lumbar extension to 20 degrees with more pain and positive right seated and supine straight leg raise. The physician recommended a lumbar MRI to determine the definitive diagnosis regarding the back. MRI of the lumbar spine was performed on 07-16-2015 and showed disc desiccation with annular bulging and small protrusion at the L2-L3 and L3-L4 level, disc desiccation with slight bulging of the annulus at the L4-L5 level, mild to moderate facet arthropathy and disc desiccation with annular bulging and small disc protrusion at the L5-S1 level. In a progress note dated 08-07-2015, the injured worker reported low back pain radiating to the right buttock, posterior thigh to calf and toe with numbness, tingling and weakness that was rated as 8 out of 10. Objective examination findings revealed tenderness to palpation of the lumbar spine, pain with range of motion, lumbar extension to 20 degrees with less pain, positive

right seated and supine straight leg raise and tenderness to palpation of the posterior superior iliac spine. Work status was documented as full duty. The physician noted that an initial course of 12 sessions of physical therapy for the lumbar spine would be requested. A request for authorization of physical therapy for the lumbar spine, quantity of 12 was submitted. As per the 10-07-2015 utilization review, the request for physical therapy was modified to certification of 3 sessions of physical therapy.

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

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

#### **Physical therapy for lumbar spine, QTY: 12: 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:** Review indicates the patient has received previous PT and continues to treat for symptom complaints without noted ADL limitations as the patient is working full duty. The request for 12 PT visits was modified for 3 to transition to an independent HEP. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy of a few visits may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The patient should have been previously instructed on an independent home exercise program. The Physical therapy for lumbar spine, QTY: 12 is not medically necessary and appropriate.