

<b>Case Number:</b>	CM15-0199278		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/09/2015
<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: Arizona, California

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:

This is a 46-year-old male with a date of industrial injury 7-29-2013. The medical records indicated the injured worker (IW) was treated for status post laminectomy and laminoforaminotomy and right gluteal bursitis. In the progress notes (9-21-15), the IW was seen three months postoperative laminectomy at L4-5 and laminoforaminotomy at right L5-S1. He had finished physical therapy and had requested more per his therapist's recommendation due to a recent flare of right lower back and buttock pain two days ago at therapy. He reported continued right thigh aching and dysesthesias of the right foot and leg. He was taking 2 Norco and 2 Nabumetone daily since his flare, which was increased from his last visit on 8-18-15. On examination (9-21-15 notes), there was tenderness to palpation of the right gluteal bursa. Subtle right extensor hallucis longus weakness, graded 5- out of 5, was noted and there were dysesthesias of the right lateral calf and foot. Treatments included injection of the right gluteal bursa, spinal surgery and physical therapy (at least 12 visits). The IW was temporarily totally disabled due to the unavailability of modified duty. X-rays of the pelvis on 8-18-15 did not show significant hip osteoarthritis or any other abnormalities, according to the provider. The physical therapy notes (9-18-15) indicated the IW had not met two of the short-term goals and none of the long-term goals of therapy. The therapist recommended additional treatment to improve lumbar mobility, soft tissue dysfunction, right lower extremity strength deficits and stability and tolerance for work duties. A Request for Authorization was received for 12 visits of physical therapy for the lumbar spine. The Utilization Review on 10-9-15 non-certified the request for 12 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:

**12 visits of physical therapy, lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant completed at least 10 sessions of physical therapy. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The additional 12 sessions exceeds the guidelines limit. Consequently, additional therapy sessions are not medically necessary.