

<b>Case Number:</b>	CM15-0200283		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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:

This injured worker is a 52-year-old male who reported an industrial injury on 4-18-2012. His diagnoses, and or impressions, were noted to include lumbar sprain-strain; lumbar spondylosis; clinical lumbar 5 radiculopathy, and sciatica. No imaging studies were noted. His treatments were noted to include: 6 physical therapy treatments lumbar spine (Aug. 12 - Sept. 22, 2015); medication management; and a return to regular work duties. The progress notes of 9-14-2015 reported: a follow-up visit; improved low back pain from constant to intermittent, and with decreased pain to 2 out of 10, following continued physical therapy (6 sessions); that his pain was aggravated by prolonged sitting or walking; and that he continued to take Relafen twice a day. The objective findings were noted to include: no distress; slightly painful lumbar flexion of 50 degrees and non-painful extension of 20 degrees; full bilateral lumbar rotation but with pain; decreased right ankle dorsiflexion, hip abduction and knee flexion motor strength; and decreased sensation along the right dorsal foot, with slight right antalgic gait. The physician's requests for treatment were noted to include 4 additional physical therapy treatments (1 x a week for 4 weeks). No Request for Authorization for physical therapy for the low back, 1 x a week x 4 weeks was noted in the medical records provided. The Utilization Review of 9-29-2015 non- certified the requests for physical therapy for the low back, 1 x a week x 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Physical Therapy for The Low Back 1x4 Sessions: 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:** The 52-year-old patient presents with improving low back pain radiating occasionally to the right leg, as per progress report dated 09/14/15. The request is for PHYSICAL THERAPY FOR THE LOW BACK 1 X 4 SESSIONS. There is no RFA for this case, and the patient's date of injury is 04/18/12. Diagnoses, as per progress report dated 09/14/15, included lumbar spondylosis, lumbar L5 radiculopathy, and chronic lumbar strain. The patient is taking Relafen for pain relief, and is working regular duty, as per the same report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, a request for six sessions of physical therapy is noted in progress report dated 08/12/15. As per progress report dated 09/14/15, the patient is "currently receiving physical therapy and reports it is helpful." In the same report, the treater states that the intensity of pain was "decreased to 2/10 with physical therapy." The treater is, therefore, requesting for 4 additional sessions while asking the patient to continue the home exercise regimen. As per the Utilization Review denial letter, the patient completed the six sessions of physical therapy on 09/22/15. Although the reports document the efficacy of recent therapy in terms of reduction of pain, its impact on the patient's function is not known. Additionally, the treater does not explain why the patient cannot continue to benefit from the home exercise regimen. Furthermore, MTUS only allows for 8-10 sessions of physical therapy in non-operative case. Given the patient's date of injury, it is reasonable to assume that the patient underwent some therapy prior to these six sessions as well. The reports do not document the number of sessions completed prior to recent treatment. Hence, the request for four additional sessions IS NOT medically necessary.