

<b>Case Number:</b>	CM15-0207938		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 51 year old male who sustained an industrial injury on September 17, 2014. The worker is being treated for: degenerative disc disease lumbar, spondylosis, mild to moderate facet arthropathy and severe arthropathy, left foraminal stenosis and acute radiculopathy. Subjective: August 18, 2015 he reported complaint of with "60% improved pain," able to walk for 30 minutes, stand for 20 minutes and not spending anytime in bed. He is status post RFA. Objective: April 16, 2015 noted "the patient is able to stand, ambulate and fully weight bearing on the left leg without any discomfort except for the low back." The pain is now "localized to the lumbosacral junction and is elicited with extension;" pain no longer radiates in to the left lower extremity. June 16, 2015 noted the patient continues to have irritability with sitting straight leg raise on the left. June 16, 2015 noted the patient has focal tenderness over L4, L5 and S1 facet joint bilaterally. Pain is present with lumbar extension and the patient is unable to stand fully upright. Medications: May 15, 2015: refilled Meloxicam. June 16, 2015, August 18, 2015: Desipramine. Diagnostics: December 2015 EMG NCV testing, November 2014 MRI lumbar spine. Treatment: activity modification, physical therapy, pain management, (RFA) radio frequency ablation August 10, 2015, anti-inflammatory agent, March 02, 2015 administration of selective nerve block left side S1, May 18, 2015 administration of facet blocks bilaterally L4through 5 and L5 through S1. On October 07, 2015 a request was made for 10 sessions of physical therapy treating the lumbar spine non-certified by Utilization Review on October 14, 2015.

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

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

### **10 Physical therapy visits for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation- Online Edition 2015 Low Back Chapter - Lumbar and Thoracic (Acute and Chronic).

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

**Decision rationale:** Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 9-10 visits for myalgia and 8-10 visits for neuralgia. In this case, the patient has already been approved for physical therapy. The request for 10 additional physical therapy sessions would exceed recommendations. The request for 10 physical therapy sessions is not medically necessary and appropriate.