

<b>Case Number:</b>	CM15-0208597		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/30/2015
<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: 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 is a 45 year old female who sustained a work-related injury on 2-11-14. Medical record documentation on 9-23-15 revealed the injured worker was being treated for sciatica. She reported a pain level of 6 on a 10-point scale with medications. She noted that she was unable to tolerate Norco during the day and used it at bedtime as her pain was worse at night. With her Norco her pain level reduced from 8-9 on a 10-point scale to 5-6 on a 10-point scale and provided about 3-5 hours of relief. Medications failed included Flexeril, Acetaminophen and Ibuprofen 800 mg. She continued to walk 30 minutes twice a day for exercise with intermittent periods of rest. She reported increased tightness in her back following the discontinuation of physical therapy two months prior. She previously was advised to reduce her physical therapy from 3-4 times per week to 2 times per week due to increased pain with more physical therapy. She noticed increased numbness which extended to her foot. Medications included Zorvolex 35 mg and Norco 10-325mg. Objective findings included a slow gait and inability to perform heel-toe walking. She had decreased sensation to pinprick in the right L5-S1 dermatome. Her low back was non-tender with a range of motion of flexion to 40 degrees. She had positive bilateral facet loading and straight leg raise. The documentation revealed the injured worker had completed at least 4 sessions of physical therapy since 4-23-15. A request for extended physical therapy for the lumbar spine times 8 was received on 9-24-15. On 9-30-15 the Utilization Review physician determined extended physical therapy for the lumbar spine times 8 was not medically necessary.

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

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

**Extended Physical therapy, lumbar x8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no new injury or specific neurological deficit progression to support for physical therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further quantity of 8 additional PT sessions without extenuating circumstances beyond guidelines criteria. The Extended Physical therapy, lumbar x8 is not medically necessary and appropriate.