

<b>Case Number:</b>	CM15-0208686		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	10/31/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 39 year old male who sustained an industrial injury on 10-31-2014. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar spine sprain and strain and left lower extremity radiculitis symptoms. Some of the medical records submitted with the review are difficult to decipher. According to the treating physician's progress report on 09-01-2015, the injured worker continues to experience low back pain radiating to the left lower extremity to the foot associated with increased tingling rated at 7- 8 out of 10 on the pain scale. The injured worker reported acupuncture therapy and physical therapy decreased pain briefly. Observation noted difficulty rising from a seated position, an antalgic gait and ambulates without assistive devices. Physical therapy progress notes noted decreased range of motion of the lumbar spine in all planes with decreased strength. Prior treatments have included physical therapy (at least 8), chiropractic therapy (18 completed and medications. Current medications were listed as Ultram, Cyclobenzaprine and Naprosyn. Treatment plan consists of Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies and the current request for physical therapy for the lumbar spine twice a week for three weeks. On 10-02-2015 the Utilization Review determined the request for Physical therapy for the lumbar spine twice a week for three weeks was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine twice a week for three weeks: 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 patient presents on 10/08/15 with lower back pain rated 6/10 which radiates into the left lower extremity. The patient's date of injury is 10/31/14. The request is for physical therapy for the lumbar spine twice a week for three weeks. The RFA is dated 07/30/15. Progress note dated 10/08/15 does not include a comprehensive physical examination. The patient is currently prescribed Motrin. Patient is currently classified as temporarily totally disabled through 11/19/15. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: 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 regard to the 6 physical therapy sessions for this patient's ongoing lower back pain, the provider has exceeded guideline recommendations. This patient recently completed a course of at least 7 physical therapy visits in July 2015, which per progress report dated 10/08/15 are "helping mildly." For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. The request for 6 treatments in addition to the 7 already completed exceeds these recommendations and cannot be substantiated. Therefore, the request is not medically necessary.