

<b>Case Number:</b>	CM15-0208913		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/30/2015
<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: North Carolina, Georgia  
 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:

The injured worker is a 58-year-old male, with a reported date of injury of 04-28-2014. The diagnoses include lumbar spine hernia. The progress report dated 09-09-2015 indicates that the injured worker complained of constant, intermittent, sharp, dull pain in the lumbar spine associated numbness, and weakness. He stated that the pain radiated into the bilateral legs, causing numbness, tingling, burning, and sharp pain. The pain was increased with prolonged standing and sitting. He rated the pain 8-9 out of 10 without medications and 5-6 out of 10 with medications. On 08-05-2015, the injured worker rated his pain 8-9 out of 10. The objective findings (09-09-2015) include tenderness and spasm upon palpation of the lumbar spine, lumbar flexion at 25 degrees, lumbar extension at 15 degrees, left internal flexion at 10 degrees, right lateral flexion at 15 degrees, left lumbar rotation at 20 degrees, right lumbar rotation at 20 degrees, and positive bilateral straight leg raise test in the supine position, greater on the left. The injured worker's work status was noted as temporary total disability for 45 days. The medical records included the physical therapy reports from 07-22-2015 to 08-14-2015. The re-evaluation report dated 08-14-2015 indicates that the injured worker had poor mobility due to pain and stiffness. It was noted that the injured worker had difficulty during prolonged walking, squatting, bending, climbing, and lifting and carrying, and pushing and pulling activities. The therapist suggested the continuation of therapy. The rationale for the suggestion was not indicated. The diagnostic studies to date have included a urine drug screen on 05-14-2015 which was positive for Fluoxetine and norfluoxetine; and a urine drug screen on 04-16-2015 which was positive for Tramadol. Treatments and evaluation to date have included Tramadol,

Cyclobenzaprine, Norco, Naproxen, and therapy. The request for authorization was dated 09-24-2015. The treating physician requested additional physical therapy two times a week for four weeks for the lumbar spine. On 09-30-2015, Utilization Review (UR) modified the request for additional physical therapy two times a week for four weeks for the lumbar spine to four (4) additional physical therapy sessions.

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

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

#### **Additional physical therapy for lumbar spine 2X4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed 8 physical therapy visits. The AME recommendation was for twelve sessions of physical therapy. The medical records do not contain any additional information that would support extending physical therapy beyond the 12 recommended session. The original UR decision modified the request to 4 sessions to allow for the full 12 recommended session. The request for 2x4 additional physical therapy sessions is not medically necessary and denied.