

<b>Case Number:</b>	CM15-0024949		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/07/2006
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 52 year old female with an industrial injury dated 02/07/2006 while lifting a trashcan weighing about 100 pounds. Her diagnoses include lumbar spine disc bulge with bilateral S1 radiculopathy. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, 20 sessions of physical therapy, use of an H-wave unit, and massage therapy. In a progress note dated 01/15/2015, the treating physician reports low back pain with increased numbness and tingling radiating into the left lower extremity. The objective examination revealed tenderness to palpation of the lumbar paraspinal muscles, restricted range of motion with pain, positive Lasegue's test bilaterally, and decreased sensation to the bilateral posterior thighs. The treating physician is requesting 12 sessions of physical therapy which were modified by the utilization review. On 01/30/2015, Utilization Review modified a request for 12 sessions of physical therapy for the lumbar spine (2x6) to the approval of 6 sessions of physical therapy for the lumbar spine (1x6), noting the previous approval for 10 sessions physical therapy for exacerbation. The MTUS ACOEM ODG Guidelines were cited. On 02/09/2015, the injured worker submitted an application for IMR for review of physical therapy for the lumbar spine (2 times a week for 6 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with low back pain with numbness running down her left posterior thigh. The current request is for PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS TO THE LUMBAR SPINE. MTUS Chronic Pain Management Guidelines, 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." The patient participated in 16 sessions of physical therapy by 7/31/14. This patient has had ample physical therapy in the recent past. The treating physician does not discuss why the patient would not be able to participate in a self-directed home exercise program. Furthermore, there was no report of new injury, new surgery or new diagnosis that could substantiate the request. The requested physical therapy IS NOT medically necessary.