

<b>Case Number:</b>	CM15-0215726		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male who sustained an industrial injury on 07-28-2014. Medical records indicated the worker has been diagnosed of lumbar intervertebral disc disorder. In the provider notes of 09-09-2015, the worker complained of sharp and electric back pain with radiation down his lower back to both legs and feet. His low back pain gets worse at night. The workers symptoms are worsening with pain radiating up to the neck and head. He has difficulty turning the neck to the right side and has dizziness. He reports his symptoms have been unchanged since the injury. He has avoided going to work, socializing with friends, physically exercising, participation in household chores, and difficulty with sexual relations due to pain. He reports no bladder or bowel problems. The worker has requested physical therapy and a psych consultation due to depression. On examination, the lumbar spine has limited range of motion and tenderness to palpation over the bilateral lumbar paraspinal muscles. There is negative lumber facet loading maneuver bilaterally. He has bilateral positive straight leg raise. Motor strength is 5 out of five bilaterally in the lower extremities and is symmetric throughout the bilateral upper and lower extremities. Grip strength in the upper extremities is 4+ out of 5 on the on right and 4 out of 5 on the left. He has diminished sensation in bilateral L4-5 dermatomes of the lower extremities. A MRI of 12-23-2015 revealed foraminal stenosis on the left at L4-L5. Treatments have included acupuncture, a lumbar corset, and a lumbar epidural steroid injection (06-02-2015). The treatment plan includes additional physical therapy and psychological treatment. A request for authorization was submitted for: 1. Physical Therapy Visits over 6 weeks for lumbar spine. 2. Psychological treatment 2 times per week for 5 weeks for lumbar spine. A utilization review decision 10-27-2015 non-certified both requests.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy Visits over 6 weeks for lumbar spine:** 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 injured worker sustained a work related injury on 07-28-2014. The medical records provided indicate the diagnosis of lumbar intervertebral disc disorder. Treatments have included acupuncture, a lumbar corset, and a lumbar epidural steroid injection (06-02-2015). The medical records provided for review do not indicate a medical necessity for Physical Therapy Visits over 6 weeks for lumbar spine. The 03/2015 medical report noted the injured worker has had 8-months of conservative treatment that included physical therapy. The report did not state how many therapy visits the injured worker has had, or the dates. MTUS recommends a fading treatment of 8-10 visits over a 4-8 weeks period followed by home exercise program; therefore, the requested treatment is not medically necessary.

### **Psychological treatment 2 times per week for 5 weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

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

**Decision rationale:** The injured worker sustained a work related injury on 07-28-2014. The medical records provided indicate the diagnosis of lumbar intervertebral disc disorder. Treatments have included acupuncture, a lumbar corset, and a lumbar epidural steroid injection (06-02-2015). The medical records provided for review do not indicate a medical necessity for psychological treatment. The injured worker sustained a work related injury on 07-28-2014. The medical records provided indicate the diagnosis of lumbar intervertebral disc disorder. Treatments have included acupuncture, a lumbar corset, and a lumbar epidural steroid injection (06-02-2015). The medical records provided for review do not indicate a medical necessity for Psychological treatment 2 times per week for 5 weeks for lumbar spine. The requested treatment exceeds the number recommended by the MTUS without documentation of improved outcome with treatment. The MTUS recommends as follows: Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request is not medically necessary.