

<b>Case Number:</b>	CM15-0032795		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Arizona, California  
 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 45 year old male, who sustained an industrial injury on 7/8/09. He has reported low back injury. The diagnoses have included lumbosacral radiculitis, spinal stenosis of lumbar region, lumbar post laminectomy syndrome, lumbosacral facet arthropathy, trochanteric bursitis, myofascial pain syndrome and encounter for therapeutic drug monitoring. Treatment to date has included physical therapy, left trochanteric bursa injection (which provided 50% pain relief for 3 weeks), opioids, lumbar fusion and NSAIDS. Currently, the injured worker complains of low back pain radiating to left posterolateral thigh and calf, it is sharp, throbbing and shooting. Physical exam on 2/17/15, noted lumbar spine significant tenderness over facet joints and tenderness and trigger points on both sides with spinous process tenderness noted on L4-5. Significant tenderness is noted over the left greater trochanter with multiple trigger pints over the left iliotibial band. On 2/20/15 Utilization Review non-certified 12 physical therapy sessions, noting the lack of documentation from previous sessions. The MTUS, ACOEM Guidelines, was cited. On 2/23/15, the injured worker submitted an application for IMR for review of 12 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medical Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In this case, the claimant's surgery was in 2013. The claimant has completed over 20 sessions of therapy since then. There have been no recent injuries. Consequently, additional therapy sessions exceed the guidelines recommendations and are not medically necessary.