

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0032860 |                              |            |
| <b>Date Assigned:</b> | 02/26/2015   | <b>Date of Injury:</b>       | 12/03/2013 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 01/15/2015 |
| <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 26 year old male, who sustained an industrial injury on 12/3/13. He has reported low back injury. The diagnoses have included lumbosacral sprain/strain, displacement of intervertebral disc without myelopathy and lumbosacral neuritis or radiculitis. Treatment to date has included acupuncture, intramuscular pain injection and pain management. (EMG) Electromyogram studies performed on 6/20/14 revealed abnormal electromyography study of lumbar spine and lower extremities consistent with L4-5 and L5-S1 radiculopathies and abnormal nerve conduction of lower extremities consistent with nerve blocks of bilateral tibial motor nerves left greater than right. (MRI) magnetic resonance imaging of lumbar spine performed on 3/28/14 revealed L3-4 prominent 809mm disc protrusion, L4-5 8-9 mm disc protrusion and L5-S1 6-7mm disc protrusion. Currently, the injured worker complains of low back pain with right sided lumbosacral pain with numbing ache extending down right leg to the right ankle. Physical exam dated 12/14/14 noted tenderness to palpation of thoracolumbar junction, L4-5, right sacro-iliac joint and lumbar paraspinals on right side. On 1/15/15 Utilization Review submitted a modified certification for physical therapy 2 times per week for 4 weeks to 6 sessions, noting a trial of 3-6 treatments can be considered appropriate. The MTUS, ACOEM Guidelines, was cited. On 1/29/15, the injured worker submitted an application for IMR for review of physical therapy 2 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Physical Therapy to the Lumbar Spine, 2 times a week for 4 weeks: Upheld**

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

**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. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant had undergone an unknown amount of therapy sessions in January 2014. There is no indication that the claimant cannot undergo additional exercise at home. The request for addition 8 sessions of therapy is not medically necessary.