

<b>Case Number:</b>	CM15-0032904		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/14/2015
<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 57 year old male, who sustained a work/ industrial injury on 3/5/14 while lifting a 4 foot panel and working as a merchandiser. He has reported symptoms of neck, left shoulder, left elbow, left wrist and hand as well as chronic low back pain with radiation to both legs that was rated 5/10 to 9/10. Prior medical history includes hypertension and surgical history included left Achilles tendon. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatments to date included medication, modified duty, physical therapy ( 12 sessions), and acupuncture (6 sessions).Diagnostics included an Magnetic Resonance Imaging (MRI) that demonstrated disc bulges at L3-4 and L5-S1 with bilateral L4 nerve roots potentially impinged upon as is the right L5 nerve root. Medications included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Tramadol, and Cyclobenzaprine. Exam noted decreased lumbar range of motion with tenderness to palpation over the bilateral lumbar paraspinal muscles, positive lumbar facet loading maneuver bilaterally, positive straight leg raise test on the left in the seated position to 50 degrees, motor strength at 4+/5 in the left ankle plantar flexion, diminished sensation in the left L5-S1 dermatomes. A request was made for additional physical therapy sessions. On 2/14/15, Utilization Review non-certified a 8 Sessions of physical therapy, 2 x per week x 4 weeks, to the lumbar spine, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines and Official Disability Guidelines (ODG), Low Back, Physical Therapy.

### 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, 2 x per week x 4 weeks, to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-88.

**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. The claimant had performed numerous therapy sessions since 9/2014. The therapy notes are not provided. The additional sessions likely exceed the amount recommended by all the guidelines. 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.