

<b>Case Number:</b>	CM15-0035042		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 was a 42 year old male, who sustained an industrial injury, June 25, 2010. According to progress note of December 19, 2014, the injured workers chief complaint was low back pain with radiation into the right leg. The physical exam noted tenderness of the paraspinal radiculopathy, right greater than the left. There was decreased range of 80%, extension 10 degrees, due to pain. Tenderness noted at the sciatic notch. The physician added depression and anxiety to the diagnosis list on the progress note of December 19, 2014. The treating physician requested 12 sessions of psychotherapy. The injured worker was diagnosed with depression, anxiety, lumbar spine disc protrusion with radiculopathy and cervical spine disc protrusion with radiculopathy. The injured worker previously received the following treatments Cyclobenzaprine, Tramadol, Naproxen, Odansetron, Pantoprazole and MRI of the lumbar spine. On December 19, 2014, the primary treating physician requested authorization for psychotherapy for 12 sessions. On January 26, 2015, the Utilization Review denied authorization for physical therapy for 12 sessions to the cervical lumbar spine. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions of the cervical/lumbar spine:** Upheld

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

**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. The amount of sessions requested exceed the guideline recommendations. Consequently, the 12 physical therapy sessions are not medically necessary.