

<b>Case Number:</b>	CM15-0037145		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/10/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female injured worker who sustained an industrial injury on August 10, 2014. She has reported injury to her lumbar spine while working as a janitor. The diagnoses have included L5-S1 disc protrusion with radiculopathy. Treatment to date has included diagnostic studies, injection, medications and physical therapy. On February 4, 2015, the injured worker complained of low back pain that radiated down to both legs. The pain was rated as a 7-8 on a 1-10 pain scale. She reported the pain to be intermittent and is present when she does activities such as bending, stooping and lifting up. On February 17, 2015, Utilization Review non-certified 12 physical therapy visits with evaluation for the lumbar spine, noting the CA MTUS and Official Disability Guidelines. On February 26, 2015, the injured worker submitted an application for Independent Medical Review for review of 12 physical therapy visits with evaluation for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical Therapy visits with Evaluation for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back Chapter, Physical Therapy.

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

**Decision rationale:** The sole medical report provided is the Initial Orthopedic Evaluation dated 02/04/15 and states that the patient presents with lower back pain radiating down both legs with pain level of 7-8 on the Mankoski Scale. Her listed diagnosis is L5-S1 disc protrusion with radiculopathy. The current request is for 12 physical therapy visits with evaluation for the lumbar spine. The RFA is not included. The 02/17/15 utilization review states the RFA is dated 02/10/15. The patient is working with modified duties. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The treating physician states that the patient received prior physical therapy; prior treatment seemed appropriate and is recommending an additional course of physical therapy. This report does not provide the number of prior sessions and no physical therapy treatment notes are included. The utilization review lists PT notes from 12/03/15 to 12/15/15 among documents reviewed. In this case, no evidence is provided of functional improvement from prior therapy. The treater does not explain why it is not possible to transition to a home exercise program following prior therapy. Furthermore, the requested 12 sessions currently requested exceed what is allowed by guidelines even when not combined with the sessions already received. The request is not medically necessary.