

<b>Case Number:</b>	CM15-0037179		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<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:

The injured worker is a 57-year-old female, who sustained an industrial injury on 02/09/2012. She has reported subsequent neck and back pain and was diagnosed with lumbar and cervical herniated nucleus pulposus and thoracic scoliosis. Treatment to date has included oral pain medication, physical therapy, chiropractic treatment, lumbar epidural injections and facet injections. In a progress note dated 12/18/2014, the injured worker complained of continued low back pain and lower extremity numbness and pain. Objective findings were notable for lumbar spasms, positive straight leg raise, decreased sensation of the cervical spine with spasms and positive Spurling's sign. The physician noted that physical therapy of the cervical spine was being requested due to herniated nucleus pulposus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks, lumbar spine:** Upheld

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

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

**Decision rationale:** The patient presents with neck and low back pain. The request is for physical therapy 2 times a week for 6 weeks, lumbar spine. Per treater report 01/15/15, patient's diagnoses includes lumbar and cervical herniated nucleus pulposus, thoracic scoliosis and facet arthropathy. Physical examination per 11/06/14 progress report revealed tenderness to palpation over the lower lumbosacral spine and into adjacent paraspinous regions bilaterally. Straight leg raise test is negative. The patient is working on modified duty. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines 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." Treater has not provided a reason for request. It is unknown how many physical therapy sessions the patient received previously. There is no documentation of a new injury, flare-up or decline in function requiring formalized therapy. There is no discussion as to why a home exercise is not adequate. MTUS recommends only 8-10 sessions in non-operative cases. The treater's request for 12 physical therapy sessions is excessive and is not medically necessary.