

<b>Case Number:</b>	CM15-0037283		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/19/2015
<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 50-year-old female with an industrial injury dated 05/29/2014 from a fall which resulted in back injuries. Diagnoses includes low back pain, degenerative lumbar disc, disc bulging, spondylolisthesis, spondylosis at L5, sciatica, spinal stenosis, numbness and sacroiliac joint pain. Diagnostic testing has included x-rays of the sacrum/coccyx (05/29/2014), x-rays of the thoracic and lumbar spines (06/04/2014), x-ray of the sacroiliac joint/lumbar spine (11/10/2014) and MRI of the lumbar spine (07/02/2014). Previous treatments have included conservative measures, medications, injections, physical therapy, chiropractic therapy, and acupuncture. A progress note dated 02/04/2015, reports 50-60% pain relief and functional improvement from recent transforaminal lumbar epidural steroid injection (01/20/2015), and a pain rating of 4-9/10. The objective examination revealed decreased tenderness over the paraspinal musculature from L4/5 to L5/S1 bilaterally, positive facet joint test bilaterally, continued tenderness over lumbar facets at L4-S1 that is worse with active extension and side rotation. The treating physician is requesting a physical therapy evaluation, 8 sessions of physical therapy for the lumbar spine and neuromuscular re-education for the lumbar spine which was denied by the utilization review. On 02/19/2015, Utilization Review non-certified a request for physical therapy evaluation, 8 sessions of physical therapy for the lumbar spine, and 8 neuromuscular re-education for the lumbar spine, noting MTUS guidelines were cited. On 02/27/2015, the injured worker submitted an application for IMR for review of physical therapy evaluation, 8 sessions of physical therapy for the lumbar spine, and 8 neuromuscular re-education for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines 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 intermittent pain, rated 6/10 in the bilateral aspects of the lower lumbar spine with burning pain radiation down the right lower extremity. The request is for PHYSICAL THERAPY EVALUATION. The RFA is not provided. Objective examination revealed decreased tenderness over the paraspinal musculature from L4/5 to L5/S1 bilaterally, positive facet joint test bilaterally, continued tenderness over lumbar facets at L4-S1 that is worse with active extension and side rotation. Patient's diagnosis included low back pain, degenerative lumbar disc, disc bulging, spondylolisthesis, spondylosis at L5, sciatica, spinal stenosis, numbness and sacroiliac joint pain. Patient is working full time. MTUS pages 98, 99 have 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 over 4 weeks are recommended." Per the UR latter date 02/19/15, prior treatments included physical therapy, 5 sessions of chiropractic therapy as of 07/08/14, lumbar support, home exercise program, acupuncture, and Gabapentin. Total number of physical therapy sessions completed was not provided. There are no discussions or documentations regarding the number of completed sessions and functional outcomes. Furthermore, treater does not explain why additional therapy or therapy evaluation is needed. There is no documentation of a flare-up, decline in function or new injury to warrant a course of therapy. There is no discussion regarding why the patient is unable to perform the necessary home exercise program. Based on the limited provided information the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request IS NOT medically necessary.

**8 sessions of physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines 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 intermittent pain, rated 6/10 in the bilateral aspects of the lower lumbar spine with burning pain radiation down the right lower extremity. The request is for 8 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE. The RFA

is not provided. Objective examination revealed decreased tenderness over the paraspinal musculature from L4/5 to L5/S1 bilaterally, positive facet joint test bilaterally, continued tenderness over lumbar facets at L4-S1 that is worse with active extension and side rotation. Patient's diagnosis included low back pain, degenerative lumbar disc, disc bulging, spondylolisthesis, spondylosis at L5, sciatica, spinal stenosis, numbness and sacroiliac joint pain. Patient is working full time. MTUS pages 98, 99 have 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 over 4 weeks are recommended." Per the UR latter date 02/19/15, prior treatments included physical therapy, 5 sessions of chiropractic therapy as of 07/08/14, lumbar support, home exercise program, acupuncture, and Gabapentin. Total number of physical therapy sessions completed was not provided. There are no discussions or documentations regarding the number of completed sessions and functional outcomes. Furthermore, treater does not explain why additional therapy or therapy evaluation is needed. There is no documentation of a flare-up, decline in function or new injury to warrant a course of therapy. There is no discussion regarding why the patient is unable to perform the necessary home exercise program. Based on the limited provided information the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request IS NOT medically necessary.

### **8 neuromuscular reeducation for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines 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 intermittent pain, rated 6/10 in the bilateral aspects of the lower lumbar spine with burning pain radiation down the right lower extremity. The request is for 8 NEUROMUSCULAR REEDUCATION FOR THE LUMBAR SPINE. The RFA is not provided. The objective examination revealed decreased tenderness over the paraspinal musculature from L4/5 to L5/S1 bilaterally, positive facet joint test bilaterally, continued tenderness over lumbar facets at L4-S1 that is worse with active extension and side rotation. Patient's diagnosis included low back pain, degenerative lumbar disc, disc bulging, spondylolisthesis, spondylosis at L5, sciatica, spinal stenosis, numbness and sacroiliac joint pain. Patient is working full time. MTUS pages 98, 99 have 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 over 4 weeks are recommended." Per the UR latter date 02/19/15, prior treatments included physical therapy, 5 sessions of chiropractic therapy as of 07/08/14, lumbar support, home exercise program, acupuncture, and Gabapentin. Total number of physical therapy sessions completed was not provided. There are no discussions or documentations regarding the number of completed sessions and functional outcomes. In this

case, the treater does not specifically discuss this request. It is not known whether this "neuromuscular re-education" is part of the request therapy or it refers to an electrical unit. Based on the limited provided information the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request IS NOT medically necessary.