

<b>Case Number:</b>	CM15-0055418		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: California, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 43 year old female patient, who sustained an industrial injury on 06/27/2013. The oldest primary treating office visit provided was dated 07/24/2014. This report showed the patient being status post a lumbar epidural steroid injection at L5-S1 on 03/25/2014 with reported 50 % reduction in pain and declining a repeat. The patient reported subjective complaint of continuing with low back pain that radiates into bilateral lower extremities and is accompanied with numbness and tingling. The recommendation for a surgical consultation was made. The following medications are prescribed: Naproxen, Prilosec, Docuprene, Terocin patch, and Methyl Sallcylate anelgesic cream. The following diagnoses are applied: displacement of lumbar intervertebral disc without myelopathy and cervicalgia. The most recent primary treating office visit dated 12/29/2014 described the patient having to stop chiropractic therapy secondary to pain. She states her low back pain is increased. The patient is status post a lumbar epidural injection at L5-S1 on 03/25/2014 with suboptimal results. In addition, she did her a spinal surgeon in consultation with note of not recommending surgical intervention. Recommendation at this time showed a functional capacity evaluation. The following diagnoses are applied: displacement of lumbar intervertebral disc without myelopathy, cervicalgia and adverse reaction to drug.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice weekly for 6 weeks, lumbar spine, per 02/12/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101.

**Decision rationale:** According to MTUS guidelines physical therapy is recommended as it is helpful in controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries. The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. It is unclear from the provided records if the requested therapy is continuation of already initiated therapy or a first time trial. As a first time trial of therapy, 12 initial sessions is more than what is clinically recommended by MTUS, and in order for continued therapy to be considered appropriate for 12 further sessions, there would need to be a clinical indication based on efficacy of previous treatment. Unfortunately I did not see a report noting previously effective physical therapy. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy is not supported by the records and clinical guidelines provided.