

<b>Case Number:</b>	CM14-0124307		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old with an injury date of February 29, 2010. Per the June 18, 2014 report by Dr. [REDACTED] the patient presents for evaluation of his right hand following proximal row carpectomy (05/22/13). The patient is also being evaluated for the bilateral wrists, bilateral shoulders, bilateral knees, lumbar spine, bilateral feet, right calf and chronic headaches. The patient is retired as of November 12, 2010. The most recent report provided limited objective findings. The treater notes that the patient's " pain is primarily in the lumbar spine. There is no radiation." Pain of the lower back is rated 7/10 per a July 20, 2014 AME report. The treater also states, "Radiographs of the lumbar spine show an L4-5 spondylolisthesis, grade 1, and spinal bifida occulta of L5". The January 20, 2014 AME report states examination reveals palpation localized pain to the lower lumbar regions and includes a patient's diagnosis of chronic mechanical back strain with L4 spondylolistheses, L5 disc disorder with residuals. A July 15, 2014 MRI of the lumbar spine reports the following: At L4-L5, 6 mm anterolisthesis with 7 mm disc bulge narrowing the lateral recess likely compressing the traversing bilateral L5 nerve roots with moderate central canal narrowing along with facet hypertrophy. There is moderate severe bilateral neural foraminal narrowing. Findings have not significantly changed from a prior study. At L5-S1 elongated transverse processes articulating with the sacrum with edema in the right L5 transverse process, query reactive or stress related changes. These findings were suggested on prior studies partly seen in retrospect accounting for differences in technique. The utilization review being challenged is dated July 29, 2014. Treatment reports from November 12, 2010 to July 16, 2014 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of physical therapy for the lumbar spine: Overturned**

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

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

**Decision rationale:** The patient presents for evaluation of his right hand post proximal row carpectomy (May 22, 2013). The treater also notes that he is being evaluated for the bilateral wrists, bilateral shoulders, bilateral knees, lumbar spine, bilateral feet, right calf and chronic headaches. The patient's pain is primarily in the lower back. The treater requests for physical therapy of the lumbar spine 8 sessions (2x4 weeks). No discussion or documentation is made of prior physical therapy sessions to the lumbar spine. The January 20, 2014 AME report recommends a course of six or eight physical therapy and/or six or eight chiropractic sessions on a supportive basis regarding his lower back condition. The Chronic Pain Medical Treatment Guidelines state that for myalgia and myositis, nine to ten visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, eight to ten visits are recommended. In this case the treater has not discussed the goals of physical therapy or provided a diagnosis; however, the MRI's provided and cited and the AME's treatment recommendations indicate the need for a course of therapy treatment for the lower back. Therefore, the request for eight sessions of physical therapy for the lumbar spine is medically necessary and appropriate.