

<b>Case Number:</b>	CM14-0140651		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/06/1996
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 55-year-old female with a date of injury of 10/06/1996. The listed diagnoses per [REDACTED] are lumbar disk disease, bilateral lumbar radiculopathy, spinal cord stimulator and intractable pain. According to progress report 06/24/2014, the patient underwent an SCS placement on 05/30/2013, and a revision of stimulator pocket on left buttock on 10/17/2013. The patient has completed postoperative physical therapy, which has helped to alleviate her leg pain and increased her range of motion of the lower back. Examination finding revealed "Safe with quad cane held left, right analgic, uses cane held left most times." Lumbar spine range of motion was noted to be 20% of expected. There were no motor deficits noted. The provider is requesting 8 additional physical therapy for "flaring bilateral legs/bilateral hip and low back pain." Treatment reports from 02/18/2014 through 06/24/2014 were reviewed.

### 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 times 4 weeks, lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for myalgia and myositis Page(s): 98 and 99.

**Decision rationale:** This patient presents with bilateral hip and low back pain. The patient underwent a spinal cord stimulator placement on 05/30/2013 and a revision of the stimulator pocket on 10/17/2013. It appears the treater is requesting post operative physical therapy following the revision surgery. The MTUS guidelines do not discuss physical therapy following SCS implant. For physical medicine, the MTUS guidelines, pages 98 and 99, recommends, for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. Report 04/01/2014 indicates the patient had a trial of 8 visits of postoperative PT for rehabilitation. On 06/24/2014 the treater indicated that the patient has participated in physical therapy, which has helped to alleviate leg pain and increase ROM of the low back. Treater is requesting 8 additional visits for "flaring bilateral legs/bilateral hip and low back pain." In this case, the patient has participated in 8 physical therapy sessions, and the requested additional 8 sessions exceeds what is recommended by MTUS. Furthermore, the treater does not discuss why the patient would not be able to transition into a self-directed home exercise program. Recommendation is for denial.