

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0168775 |                              |            |
| <b>Date Assigned:</b> | 10/16/2014   | <b>Date of Injury:</b>       | 12/27/2000 |
| <b>Decision Date:</b> | 11/18/2014   | <b>UR Denial Date:</b>       | 09/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2014 |

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 63 year old female with an injury date on 12/27/2000. Based on the 08/27/2014 progress report provided by [REDACTED], the diagnoses are: 1. Displacement lumbar disc, 2. Spinal stenosis- Lumbar region, 3. Facet arthropathy, 4. Radiculitis, 5. Cervical disc degeneration, 6. Myalgia and myositis NOS, 7. Depression, 8. Headaches, 9. Alcohol dep nec/nos-remiss, 10. Sleep disorder, 11. Narcotic Abuse, 12. Tobacco Abuse, 13. Bursitis of hip, 14. Hepatitis C without hepatic coma, not otherwise specified, and 15. Pain limb. According to this report, the patient complains of constant severe low back pain, mid back pain, buttocks pain, left upper extremity pain, and feet cramping. The pain radiates down the bilateral lower extremity with numbness and tingling. Pain is described as sharp, burning, aching, and stabbing. Long walks and sitting long period of time would aggravate the pain. Physical exam reveals asymmetric sensation to light touch in the lower extremity. Decreased sensation to light touch at the left lateral thigh, left lateral calf and left dorsum of the foot. Tenderness is noted at the bilateral lumbar paraspinal muscles. There were no other significant findings noted on this report. The utilization review denied the request on 08/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/13/2014 to 08/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twenty four (24) Physical Therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134,Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** According to the 08/27/201 report by [REDACTED] this patient presents with constant severe low back pain, mid back pain, buttocks pain, left upper extremity pain, and feet cramping. The treater is requesting 24 physical therapy sessions. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms but there is no such discussion. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Furthermore, the requested 24 sessions of therapy exceeds MTUS guidelines of 10 sessions for the type of condition this patient has and therefore the request is not medically necessary.