

<b>Case Number:</b>	CM14-0176545		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	05/20/1997
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Occupational Medicine 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 injured worker is a female with date of injury 5/20/1997. Per periodic report dated 9/8/2014, the injured worker reports back pain has increased for which she walks with a cane for mobility. On examination, she entered and exited the examination room absent of any hand held assistive device. Her gait was significantly antalgic, with significant antalgia on the left side. Speed of movement when exiting the room was slow. Stance was wide based. She was unable to toe walk or heel walk. There was pain with repetitive rising on toes. She was unable to balance on one leg or hop. She had pain after one squat. Flexion and rotation of the lumbar spine aggravated low back pain. There was 3+ tenderness to palpation and muscle spasms in the paravertebral muscles of the lower and thoracic and upper lumbar sacral spine. There is tenderness to palpation with taught bands with myofascial trigger points with twitch responses in the lumbar paravertebral and piriformis muscles, causing radiation pain to the sacrum and sciatic nerve. Flexion of the hips provoked lower back pain. The left trochanter region exhibited moderate pain with palpation. Lower extremity strength was 4/5 throughout. Sensation was 4/5 at left L5 and bilateral S1 nerve distributions. Numbness in a stocking glove distribution was found more on the left in the legs. Diagnoses include 1) low back pain, industrial with degenerative changes in lumbar sacral spine 2) radiating nerve pain to the legs from the lower back with radiculopathic symptoms 3) myofascial tension in lower back 4) left knee pain, non-industrial 5) opioid induced constipation 6) non-industrial diabetes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT).

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The requesting physician explains that the injured worker last attended physical therapy in 2013, and would benefit from another 12 sessions to reduce her lower back pain. She has maxed out on her independent exercise program in this regard due to her progressive disability and requires another 12 sessions. The injured worker has been injured for over 17 years, and last had physical therapy in 2013. She is reported to have maxed out here home exercise program. Therapist guided physical medicine provides education regarding exercises that are to be utilized in a home exercise program, which the injured worker has already done. Advising an injured worker on progression of the home exercise program is within the scope of the treating physician, and does not require additional therapist guided sessions. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 12 sessions of physical therapy is determined to not be medically necessary.