

<b>Case Number:</b>	CM14-0091129		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 68-year-old female with a date of injury of 12/13/2012. The listed diagnoses are: 1. Lumbar spine disk protrusion. 2. Lumbago. 3. Six months status post left ankle surgery. According to progress report, 05/06/2014, the patient is status post left ankle surgery from 11/18/2013 and feels "worse" and complains of continued ankle pain, headaches, neck and low back pain. She reports that her pain is associated with weakness and giving way in her legs with numbness and swelling in the left ankle. Her low back pain radiates to her buttocks, legs, and left foot. Examination of the lumbar spine revealed tenderness to palpation over paraspinal muscles. There are noticeable trigger points in the lumbar paraspinal muscles bilaterally. Range of motion was decreased in all planes. Sensory examination revealed decreased sensation at the left foot and L4 to L5 and L5 to S1 nerve root. Treater is "requesting an authorization for physical therapy 3 times a week for 4 weeks for the lumbar spine." Utilization review denied the request on 06/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Physical Medicine, pages 98, 99.

**Decision rationale:** This patient presents with left ankle, neck, and low back pain. The patient is status post left ankle surgery on 11/08/2013. The medical records indicate the patient received 24 postoperative physical therapy sessions following the ankle surgery. Review of AME report from 05/01/2014 indicates the patient has had prior physical therapy for the cervical and lumbar spine in January of 2013. AME report additionally noted that patient had "further physical therapy in March and April 2013." The medical file provided for review does not provide the exact dates or the number of physical therapy sessions received for the lumbar spine. AME report does indicate that the patient has received prior physical therapy addressing the neck and back issues. For physical medicine, the MTUS Guidelines pages 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, the treater is requesting additional 12 sessions for the lumbar spine which exceeds what is recommended by MTUS.