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| <b>Case Number:</b>   | CM14-0165320 |                              |            |
| <b>Date Assigned:</b> | 10/09/2014   | <b>Date of Injury:</b>       | 02/16/1998 |
| <b>Decision Date:</b> | 03/03/2015   | <b>UR Denial Date:</b>       | 09/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This male worker injured his left cervical spine, thoracic spine and shoulders while doing farm labor. The date of injury was February 16, 1998. More current diagnoses include left L5 and S1 radiculopathy, rule out lumbar intradiscal component and rule out cervical radiculopathy. He underwent arthroscopic back surgery in 2004 for herniated discs and disc fusion surgery in 2009. On September 5, 2014, the injured worker complained of low back pain rating it a 7 on a 1-10 pain scale. His cervical pain was rated a 5 on the pain scale. His lumbar spine pain was noted to increase with sitting. Physical examination revealed lumbar range of motion as flexion 60 degrees, extension 40 degrees, left and right lateral tilt at 30 degrees and left rotation at 30 degrees. There was a positive straight leg raise left for pain to foot at 35 degrees and right for pain to distal calf at 40 degrees. Cervical range of motion was flexion 40 degrees, extension 30 degrees, left and right rotation at 30 degrees and left and right lateral tilt at 30 degrees. Treatment modalities included TENS and medications. Notes stated that the TENS facilitated diminution in pain and improved tolerance to standing, walking and range of motion. A request was made for 12 physical therapy sessions for the lumbar spine as an outpatient. On September 29, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions for the lumbar spine, as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The primary treating physician's report dated September 5, 2014 documented low back pain and cervical pain. The date of injury was September 10, 1998. Additional physical therapy three times a week for four weeks (12) was requested on September 18, 2014. Functional improvement with past physical therapy treatments was not documented. The request for 12 additional physical therapy visits exceeds ODG guideline recommendations. Official Disability Guidelines (ODG) indicates that patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The request for 12 additional physical therapy visits is not supported by MTUS guidelines. Therefore, the request for 12 additional physical therapy visits is not medically necessary.