

<b>Case Number:</b>	CM14-0211706		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male who reported an injury on 04/09/2014. The mechanism of injury was lifting. His diagnoses were noted to include neuralgia, neuritis and radiculitis, lumbar sprains and strains and reflux esophagitis. The injured worker's past treatments include physical therapy and medications. The injured worker's diagnostic testing included an NCV/EMG of the bilateral lower extremities, which was noted to reveal no electroneurographic evidence of entrapment neuropathy in the right lower extremity. Electromyographic indicators of acute lumbar radiculopathy were not seen in the right lower extremity. There were no relevant surgeries included in the documentation. On 11/20/2014, the injured worker reported constant, moderate pain to the low back. He rated the pain a 5/10 on a pain scale. He reported it is aggravated by sitting, standing and walking. Upon physical examination, there were trigger points present at the lumbar spine. The ranges of motion were decreased and painful with flexion at 45 degrees and extension at 20 degrees. Tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Kemp's caused pain bilaterally. The sitting straight leg raise was positive on the right. The injured worker's medications were not included in the documentation. The request was for aquatic therapy 3 times a week times 4 weeks for the lumbar spine and for physical therapy 1 x 4 for the lumbar spine. The rationale for the request was to increase range of motion, increase activities of daily living and decrease pain. The Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x a week x 4 weeks lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (updated 11/21/2014), Physical Therapy (PT)

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

**Decision rationale:** The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation indicates the injured worker has completed some physical therapy; however, the number of completed physical therapy sessions was not specified. The documentation did not provide sufficient evidence of significant objective functional improvements, or significant decrease in pain as a result of the completed physical therapy. Additionally, the physician documentation indicated the request was for 12 session of aquatic therapy and 4 Physical Medicine treatments. Given the above, the request for physical therapy 3 x a week x 4 weeks lumbar spine is not medically necessary.