MAXIMUS Federal Services

| Case Number: | CM14-0213660 | | |
|---|---|---|---|
| Date Assigned: | 12/31/2014 | Date of Injury: | 09/19/2007 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/15/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

## 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: New Jersey, New York
Certification(s)/Specialty: Family Practice

## 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 29 year-old female who was injured on 9/19/07 when she fell down the stairs. She injured her left ankle, lumbar spine, and had psychological issues. She complained of low back pain, radiating to both legs with numbness. One exam, she had tenderness, decreased sensation at the dorsum of the left foot, and decreased strength at the left tibialis anterior and left extensor halluces longus. X-rays of lumbar spine showed early loss of disc height at L4-5 and L5-S1 with no scoliosis, instability, or fracture. She was diagnosed with lumbar strain and sciatica, and complex regional pain syndrome. Treatment included acupuncture, medication, psychotherapy, ankle brace, lumbar sympathetic injection blocks, and physical therapy. Her medications included Percocet, Voltaren gel, Oxycontin, Wellbutrin, Effexor. The current request is for 12 additional physical therapy sessions for the lower back.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 6 for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy, ODG Preface

**Decision rationale:** The request for physical therapy for lumbar spine is not medically necessary. The patient has already received an unspecified number of physical therapy sessions without documentation of subjective or objective improvement. The patient should be able to continue a home exercise program. Also according to ODG, there should be an assessment showing improvement after a trial of six sessions in order to continue with more physical therapy. There is a lack of documentation. Therefore, the request is considered not medically necessary.