

<b>Case Number:</b>	CM14-0216001		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: 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:

This is a 29 year old female with a work related injury dated 02/20/2014 after a fall while climbing up a ladder. According to a primary physician's progress report dated 12/04/2014, the injured worker presented with complaints of low back and left foot/ankle pain and states that physical therapy is helping. Physical therapy notes received showed 20 visits from 06/26/2014 to 10/07/2014 which included therapeutic exercises, manual therapy, patient education, electrical stimulation, ultrasound/phonophoresis, laser, cyrotherapy, hot packs, and mechanical traction. Other treatments have consisted of acupuncture and medications. Diagnoses included L4-L5 disc protrusion, left knee Osgood-Schlatter's disease, and left L5 radiculopathy. Diagnostic testing included lumbar spine MRI dated 04/11/2014 revealed 2 to 3mm bulge in the annulus without central or foraminal stenosis at the L4-L5 disc space. Work status is noted as off work. On 12/15/2014, Utilization Review non-certified the request for Physical Therapy 2 x 4 to the lumbar spine citing Medical Treatment Utilization Schedule and Official Disability Guidelines. The Utilization Review physician stated the submitted documentation did not reveal evidence of significant objective functional improvement to warrant additional physical therapy visits and has already received considerable conservative physical therapy visits to cure or relieve her condition, far exceeding guidelines, with no evidence that any additional treatments have or will achieve significant objective functional improvements or resolution of her condition. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

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

**Decision rationale:** The patient presents with pain and weakness in her lower back, left leg and left foot. The request is for 8 SESSIONS OF PHYSICAL THERAPY FOR THE LOWER BACK. Per the utilization review letter 12/15/14, the patient has had at least 26 sessions of physical therapy in the past. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, none of the reports discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement, except the patient has improvement with physical therapy interventions. She reports decreased pain. It would appear that the patient has had adequate therapy. The treater does not explain why the patient is unable to transition into a home program. The current request for 8 combined with 26 already received would exceed what is recommended per MTUS guidelines. The request of physical therapy IS NOT medically necessary.