

<b>Case Number:</b>	CM14-0218678		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Arizona, California  
 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 66 year old female injured worker suffered an industrial injury on 7/19/2013 while at work slipped and fell. She hit her face, left leg and left hip. She subsequently received cortisone injections and a lumbar rhizotomy. In April 2014 she returned to work, however she sat on a chair that apparently was broken and again fell injuring the lumbar spine and right rotator cuff. Past treatments included 12 sessions of physical therapy, cortisone injections to the left hip and a rhizotomy to the lumbar spine. The current diagnoses included lumbar sciatica, left inguinal chronic ligament strain and chronic left knee. The injured worker reported on the visit of 11/17/2014 that there was difficulty with sitting and standing for any great length of time. The pain was described as stabbing and sharp to the lumbar spine, left groin and left thigh at 8/10 level. The exam revealed positive straight leg raise and weakness in the left leg. There was tenderness in the low back and left groin. The injured worker was currently on modified duty at work. The request was for 12 sessions of physical therapy to the lumbar spine. The UR decision on 12/23/2014 modified that request from 12 sessions to 2 sessions to allow for functional improvement and/or to decrease pain and to transition to a home exercise program per MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar spine 3 x 4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In this case, the claimant had already completed 12 sessions of therapy. The additional 12 sessions will exceed the amount recommended by the guidelines. Consequently, additional therapy sessions are not medically necessary.