

<b>Case Number:</b>	CM15-0010469		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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, Hawaii

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 38 year old male, who sustained an industrial injury on 4/11/2013. The injured worker has complaints of a flare up of pain in his mid back that radiates to the right upper extremity and lower back pain radiates down the right buttocks and posterior aspect of the right thigh. Physical examination noted that there was no palpable tenderness of the paravertebral muscles, bilaterally, no evidence of tenderness over the sacroiliac joints, bilaterally, not tenderness over the sciatic notches, no tenderness over the flanks, bilaterally and no tenderness over the coccyx. Straight leg raise is negative. The diagnoses have included L4-S1 stenosis; L4-S1 disc degeneration/facet hypertrophy and left lower extremity radiculopathy. According to the utilization review performed on 1/19/2015, the requested 8 short physical therapy course for the lumbar spine 2 times a week for 4 weeks as an outpatient has been non-certified. Chronic Pain Medical Treatment Guidelines, MTUS, Physical Medicine Guidelines were used in the utilization review. The claimant had diminished sensation in the left lower extremity and diminished reflexes at the right ankle. However, straight leg raise was noted to be negative, no tenderness to palpation on examination and range of motion was not performed on the lumbar spine. It was unclear why additional therapy was needed at this time and there was still 14 visits remaining on the authorization, but given the insufficient information regarding the operative date, the timeframe for those postoperative visits may have elapsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 short physical therapy course for the lumbar spine 2 times a week for 4 weeks as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain in the mid and low back. The current request is for 8 Short physical therapy course for the lumbar spine 2 times a week for 4 weeks as an outpatient. The treating physician report dated 12/15/14 states, "The patient presents today due to flare up of pain in the mid back. The patient has complaints of mid back pain that radiates to the right upper extremity which he rates a 6/10 on VAS. The patient complains of lower back pain that radiates down the right buttocks and posterior aspect of the right thigh that he rates a 6/10 on VAS. The patient has only received 4 sessions of post operative physical therapy." (E.24) There is no documentation of when the patient underwent L4-S1 fusion. The MTUS post surgical guidelines do not appear to be the appropriate guidelines since the surgery must have occurred at least 6 months prior to this request, and there is no documentation of a surgery in the past 6 months. The MTUS guidelines allows 8-10 sessions of therapy for myalgia/myositis, neuritis/radiculitis type of symptoms that this patient suffers from. In this case, the treating physician has documented a flare up in the patient's low back. The patient was previously authorized for 18 sessions but only completed 4 according to the AME Report referenced in the 12/15/14 treating physician's report. There is no indication as to whether or not the patient completed the additional 14 sessions authorized. Regardless, the patient has recently completed 4 physical therapy session and the additional request for 8 sessions would be in excess of the recommended allowance from the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.