

<b>Case Number:</b>	CM15-0012111		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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

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:

This 47-year-old clerk reported injuries to her low back and right hip after she slipped and fell at work on February 4, 2014. Current diagnoses include lumbar spine sprain/strain, lumbar spine disc protrusion, lumbar spine stenosis and right hip sprain/strain. Treatment to date has included physical therapy, chiropractic manipulation, medications, and an epidural steroid injection. She working at modified duty at the time of her first visit (10/24/14) with her consulting orthopedist. Since then she has stopped working because her employer has been unable to accommodate her work restrictions. At the time of the first visit, the orthopedist noted that she had previously had 12 PT visits, as well as acupuncture and an epidural steroid injection, without pain relief. Multiple chiropractic notes in the chart also make it clear that the patient underwent chiropractic manipulation prior to seeing the consulting orthopedist. A progress note dated December 5, 2014 indicates a chief complaint of continued lower back pain with radiation to the left hip, and right hip pain. Physician examination showed tenderness to the lower back with decreased range of motion secondary to pain. The treating physician requested bilateral nerve blocks and physical therapy visits twice each week for six weeks. The rationale given for the physical therapy is for "core strengthening and stabilization and as a work hardening type program to try to get her back to some sort of work". On December 26, 2014 Utilization Review partially certified the request for physical therapy with an adjustment to two total visits. Utilization Review denied the request for the bilateral nerve blocks. The MTUS chronic pain medical treatment guidelines were cited in the decisions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 For The Lower Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement and Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination. The second reference states that for myalgia and myositis, 9-10 PT visits are recommended over 8 weeks. For neuritis and radiculitis, 8-10 visits are recommended over 4 weeks. This patient has already had 12 sessions of physical therapy, and presumably has been instructed in home exercise. In addition she has had both chiropractic manipulation and acupuncture. None of these measures resulted in reduced pain or improvement in function, and it is unclear why her current provider thinks that more physical therapy would be likely to do so. The number of PT sessions already performed clearly exceeds MTUS recommendations for any of the patient's diagnoses. No goals for functional improvement are documented anywhere in the records. (A return to "some sort of work" is not a specific functional goal.) There is no documentation as to why this patient would be likely to receive further benefit from PT in addition to the 12 visits she has already had, or why she could not achieve equivalent benefit with home exercise. Based on the evidence-based guidelines cited above and the clinical findings in this case, physical therapy 2X6 for the low back is not medically indicated. 12 sessions of physical therapy are not medically indicated because this patient has already received more than enough physical therapy for her conditions according to guidelines, and there is no documentation of clear functional goals or of another compelling reason that additional physical therapy would be needed.