

<b>Case Number:</b>	CM15-0019639		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/08/1995
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 55 year old female, who sustained an industrial injury on February 8, 1995. The mechanism of injury is unknown. The diagnoses have included myalgia, myositis, neuralgia, neuritis, radiculitis, post laminectomy syndrome, idiopathic peripheral neuropathy, thoracic spine pain and an unspecified disorder of the lumbar region. Treatment to date has included successful physical therapy, brace/abdominal binder, injection and medications. Currently, the injured worker complains of intermittent radicular pain down both the left and right lower extremities traveling into the groin and anterior thighs. The pain tends to be activated at the end of the day. On January 20, 2015, Utilization Review non-certified 6 additional physical therapy sessions for lumbar neuropathic pain as outpatient, noting the CA MTUS Guidelines. On February 2, 2015, the injured worker submitted an application for Independent Medical Review for review of 6 additional physical therapy sessions for lumbar neuropathic pain as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, 6 additional sessions:** 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 based on Non-MTUS Citation Low back section, physical therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine 6 additional sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are myalgia, myositis neuralgia, neuritis, radiculitis, post laminectomy syndrome, idiopathic peripheral neuropathy, thoracic spine sprain, and unspecified disorder lumbar spine. The date of injury is February 8, 1995 (20 years prior). The documentation from December 18, 2014 progress note indicates the injured worker at 27 sessions of physical therapy. The injured worker recently completed six sessions of physical therapy and feels she has been benefiting from conservative therapies. The guidelines state: "when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling/exceptional factors in the medical record to warrant additional physical therapy. Additionally, the injured worker after 27 sessions of physical therapy should be well-versed in the exercises to perform a home exercise program. The injured worker's physical examination is grossly unremarkable. Consequently, absent compelling clinical documentation to support ongoing physical therapy in contravention of the recommended guidelines, physical therapy lumbar spine six additional sessions is not medically necessary.