

<b>Case Number:</b>	CM15-0113967		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/11/2005
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Preventive Medicine, Occupational 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 07/11/2005. Mechanism of injury occurred when she tried to stop a cast iron safe door from closing and felt a pop and pinch in her low back and developed low back and lower extremity pain. Diagnoses include lumbar post laminectomy syndrome, and sciatica- right L5 radiculopathy. Treatment to date has included diagnostic studies, status post ulnar nerve transposition-right side in October of 2008, ulnar nerve transposition surgery-left side in October of 2009, and L5-S1 fusion surgery in April of 2012, medications, physical therapy, epidural steroid injections, home exercise program, left side cervical facet medial branch block. Her medications include Trazodone and Vicodin. A physician progress note dated 05/15/2015 documents the injured worker had a cervical facet medial block on 05/05/2015 and that this worked very well. Her pain went from 7- 9 out of 10 to 2 out of 10 on the Visual Analog Scale after the procedure. The pain relief wore off the next day and she is back to baseline. She also has low back pain and neuropathic pain in the right leg. It causes her to walk differently and she has been having pain around both hips. Her altered gait has become more pronounced. On examination of the cervical spine there is tenderness over the bilateral lower cervical facets joints, and there is spasm on the upper trapezius bilaterally, and decreased range of motion. She has facet loading bilaterally. She has low back pain with radiation into the right lower extremity. An unofficial Electromyography showed evidence of right L5 radiculopathy. She has had several epidural injections in the past. She is not interested in further surgery and has also deferred the spinal cord stimulator at this time. The treatment plan included right cervical facet nerve block at C4-5 and C5-6, arthrogram,

fluoroscopic guidance and IV sedation. Treatment requested is for physical therapy for the lumbar spine, quantity 12.

### **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, quantity 12: Upheld**

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

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

**Decision rationale:** MTUS Guidelines recommend a limited number of supervised physical therapy visits for conditions associated with chronic pain. The Guidelines recommend 8-10 sessions as appropriate for this individual's condition. Guidelines note that the goal of therapy is education and the development of an independent rehabilitation routine. There is a history of prior sessions of physical therapy and a few sessions to renew an appropriate home program may be reasonable. However, this request for 12 sessions significantly exceeds Guidelines recommendation and there are no unusual circumstances to justify an exception to Guidelines. The request for Physical Therapy for the lumbar spine, quantity 12 is not supported by Guidelines and is not medically necessary.