

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0128711 |                              |            |
| <b>Date Assigned:</b> | 07/15/2015   | <b>Date of Injury:</b>       | 11/08/2003 |
| <b>Decision Date:</b> | 08/10/2015   | <b>UR Denial Date:</b>       | 06/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/02/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60-year-old male with an industrial injury dated 11/08/2003. The mechanism of injury is documented as pulling roots and trunks, having to use "a lot of force." He developed low back pain radiating into the left leg. His diagnoses included osteoarthritis, low back pain, sciatica, sacroiliac joint arthropathy, possible stenotic claudication and lumbar radiculopathy. Prior treatment included medications, physical therapy, referral to neurosurgeon, injections to back and surgery. He presents on 05/27/2015 with left lower extremity pain, left buttock pain, bilateral shoulder pain and left foot radiculopathy/neuropathy. He was receiving physical therapy and stated it was improving his pain. His pain score was down 2 points from his previous visit. He was using Gabapentin for neuropathic pain which was providing good relief of lower extremity pain. Physical exam noted lumbar spine was tender to palpation from lumbar 3 to sacral 1. Gait showed favoring of the left lower extremity. Dermatomal testing was decreased on the left in a lumbar 5-sacral 1 and lumbar 4 lumbar 5 pattern. Treatment plan included additional physical therapy. The treatment request is for physical therapy 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 visits:** Upheld

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

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

**Decision rationale:** Physical therapy 6 visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT for the low back. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.