

<b>Case Number:</b>	CM15-0026243		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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:

This 36 year old man sustained an industrial injury on 2/14/2014. The mechanism of injury was not detailed. Current diagnoses include lumbar spine strain with radicular complaints and surgery to the lumbar spine. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes dated 2/19/2014 show complaints of numbness and tingling to the left calf and pain to the left toes as well as low back pain. The worker states he has only attended eight sessions of physical therapy and was unable to increase strength due to the light nature of the sessions. Recommendations include an additional eight sessions of physical therapy to the lumbar spine. On 1/30/2015, Utilization Review evaluated a prescription for an additional eight sessions of physical therapy for the lumbar spine, that was submitted on 2/11/2015. The UR physician noted the worker has received adequate physical therapy and should be able to participate in a home exercise program. There was no significant functional improvement documented. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4 weeks for the lumbar spine:** 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 affecting the low back, and left toes accompanied with numbness and tingling of the left calf. The current request is for Physical Therapy 2 x 4 weeks for the lumbar spine. The treating physician report dated 1/22/15 (50B) states, at this time; I would like to request authorization for the patient to attend a course of physical therapy at a rate of twice a week for the next four weeks for the lumbar spine. A medical report dated 10/1/14 (8B) states, He was examined and physical therapy was initiated and given for 6 sessions. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. In this case, the patient has received 6 visits of physical therapy to date and the current request of 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. There was also no documentation of any functional improvement or a lack of an established home exercise program. Furthermore, there was no rationale provided by the physician as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.