

<b>Case Number:</b>	CM15-0027681		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: 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:

The injured worker is a 67 year old female with an industrial injury dated 12/03/2012 from a fall. Her diagnoses include lumbar spine disc bulges. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, physical therapy, and acupuncture. In a progress note dated 12/22/2014, the treating physician reports pain in the right lower extremity, right low back pain with radiation to the buttocks, right inner thigh pain (rated 4-5/10), and occasional right shoulder pain that radiates to the right shoulder blade. The objective examination revealed pain at the L3-S1 levels, bilateral paravertebral muscle and bilateral posterior superior iliac spine. There was also noted cramping of the legs as well as tightness in muscles of the right thigh along with scoliosis. The treating physician is requesting physical therapy for the lumbar spine (3x4) which was denied by the utilization review. On 01/09/2015, Utilization Review non-certified a request for physical therapy 3 times a week for 4 weeks for the lumbar spine, noting there was no proof of current functional deficits of the lumbar spine nor documentation of efficacy of the previous physical therapy treatments, and no documentation of a complete assessment of the injured worker's condition. The MTUS Guidelines were cited. On 02/13/2015, the injured worker submitted an application for IMR for review of physical therapy 3 times a week for 4 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks, lumbar spine:** 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:** This patient presents with right sided low back pain that radiates into the buttocks. The current request is for PHYSICAL THERAPY 3 TIMES A WEEL FOR 4 WEEKS, LUMBAR SPINE. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report dated 12/22/14, the patient stated that physical therapy helps along with some adjustments therapist did. According to progress report dated 8/19/14, the patient completed 24 session of therapy sometime in October 2013. There are no physical therapy reports provided for review. The exact number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the patient has participated in ample physical therapy in the past and should be well versed in the exercises and should now transition into a self directed home exercise program. The request IS NOT medically necessary.