

<b>Case Number:</b>	CM15-0065542		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 70 year old male who sustained a work related injury November 29, 2011. According to a primary treating physician's progress report, dated March 6, 2015, the injured worker returns with persistent pain in the lower back, rated 7/10, which radiates down his left leg with pain to his calf. The pain is helped by Tramadol and Kera-Tek, taking the rating from 7/10 to 4/10, and allows ambulation up to 40 minutes as opposed to 20 minutes, without stopping. Examination of the lumbar spine revealed decreased range of motion and tenderness over the paraspinals, left greater than right. Diagnoses are lumbar disc herniation at L4-L5 with spondylolisthesis and bilateral moderate neural foraminal narrowing; radiculitis of the left lower extremity; slight antalgic gait secondary to low back pain. Treatment plan included request for authorization for a spine surgeon consultation, physical therapy two times a week for 6 weeks for the lumbar spine, and Kera-Tek analgesic gel.

### 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, twice weekly for six weeks.:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The amount of sessions requested exceeds the limit noted by the guidelines. Consequently, additional therapy sessions are not medically necessary.