

<b>Case Number:</b>	CM15-0078975		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: 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 40 year old female, who sustained an industrial injury on 7/18/12. She reported pain in the neck, lower back, left shoulder, and left hand. The injured worker was diagnosed as having lumbar radiculopathy, spasm of muscle, and cervical facet syndrome. Treatment to date has included physical therapy, a lumbar epidural injection on 8/29/14, and medications. Currently, the injured worker complains of back pain with radiation to bilateral legs. The treating physician requested authorization for physical therapy 2x6 for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for 12 visits to the low back:** 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:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. Included in these guidelines are expectations for

a program that will allow a patient to transition to a self-directed home exercise program and expectations for the number of physical therapy visits. The MTUS guidelines states these as follows: Physical Medicine Guidelines. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the medical records indicate that the patient has already received a course of physical therapy; as stated in the medical records. However, it is unclear how many sessions this has entailed. The current request for 12 sessions exceeds the above cited MTUS guidelines for total treatment sessions. In the utilization review process, while 12 visits were not certified; 2 additional physical therapy sessions were approved. Given that the request for physical therapy exceeds the number of sessions as recommended in the MTUS guidelines and the lack of clarity in the records as to how many sessions of physical therapy have already been completed, the request for 12 physical therapy sessions to the low back is not considered as medically necessary.