MAXIMUS Federal Services

| Case Number: | CM15-0122137 | | |
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| Date Assigned: | 07/10/2015 | Date of Injury: | 05/22/2014 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/24/2015 |

## 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, 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:

The injured worker was a 51 year old female, who sustained an industrial injury, May 22, 2014. The injured worker previously received the following treatments 6 sessions of acupuncture, Tylenol, home exercise program, EMG and NCS (electrodiagnostic studies, home exercise program, Alprazolam, 12 sessions of physical therapy and nerve conduction studies) of the lower extremities was negative. The injured worker was diagnosed with anxiety, lumbosacral sprain and or strain, left sacroiliac sprain and or strain and left lumbosacral radiculopathy. According to progress note of May 26, 2015, the injured worker's chief complaint was increased lower back with radiation into the lower extremity since the acupuncture. The injured worker was having less lower extremity feeling less numbness and tingling and was able to stand longer. The injured worker continues to work 7.5-8 hours per day. The injured worker was taking medication for anxiety. The injured worker's worse pain level was rated at 5 out of 10 and best was 3 out of 10. The lower extremity pain concentrated over the lateral thigh, lateral leg and calf region. The lower extremity pain was burning, numbness and tingling. The symptoms were rated at 7 out of 10. The injured worker depression level was 7 out of 10 and the anxiety level was 8 out of 10. The physical exam forward head posture, left elevated shoulder, elevated iliac crest, bilateral foot pronation, the foot pronation was more pronounced on the left. The right iliac crest was approximately 2 cm higher. There was moderate midline tenderness was found in lumbosacral junction (L5-S1). There was decreased range of motion with lumbar flexion with moderate pain level at 7 out of 10. There was decreased left and right lateral bend with moderate pain level of 7. There was decreased thoracolumbar left and right rotation with moderate pain of 7. The range of

motion produced left lumbosacral region with radiation into left buttock region. The low back pain condition shows no progress. The treatment plan included additional physical therapy for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Physical Therapy for the Lumbar Spine, 6 sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with increased lower back pain with radiation into the lower extremity since acupuncture. The current request is for 6 additional physical therapy sessions for the lumbar spine. The treating physician states, in a report dated 04/20/15, "Requesting 6 sessions of physical therapy for lumbo-pelvic stabilization." (50B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician, in a report dated 06/08/15 states "Prior to coming to this office he completed 4 or 5 sessions of physical therapy without improvement." (32B) Later on in the same report, the treating physician states, "Physical therapy has not been authorized." (36B) Furthermore, the same report also documents that the patient is trying to exercise at home. The current request for 6 sessions of physical therapy is supported by MTUS and the physician has documented that the patient requires help in lumbo-pelvic stabilization. The current request is medically necessary.