

<b>Case Number:</b>	CM17-0020728		
<b>Date Assigned:</b>	02/01/2017	<b>Date of Injury:</b>	10/13/2016
<b>Decision Date:</b>	02/24/2017	<b>UR Denial Date:</b>	01/23/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2017

### 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: Pennsylvania

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 48 year old female who sustained a work related injury on October 13, 2016, incurring low back injuries. She was diagnosed with lumbago and left and right sided sciatica. Treatment included six sessions of physical therapy with significant benefit, anti-inflammatory medication, muscle relaxants, pain medications, ice or heat, and activity modifications. Currently, the injured worker complained of ongoing low back pain. She rated the pain 2 out of 10 on a pain scale from 0 to 10. She complained of numbness and tingling to both lower extremities. On examination the injured worker had limited range of motion and frequent muscle spasms of the low back secondary to pain. Sitting for prolonged periods of time aggravated the low back pain. The treatment requested for review included six sessions of physical therapy to the lumbar spine as the original request. Two sessions of physical therapy to the lumbar spine was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, four sessions of physical therapy to the lumbar spine was denied by utilization review on January 23, 2017.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the lumbar spine 2 times a week for 3 weeks (6) was the original request. Physical therapy to the lumbar spine 2 times a week for 1 week (2) was authorized**

**by the Claims Administrator. The remaining IMR eligible portion of the original request, Physical therapy to the lumbar spine 2 times a week for 2 weeks (4) is: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface/Physical therapy.

**Decision rationale:** The MTUS guidelines for physical therapy includes 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The guidelines also state "patients should be formally assessed after a "6 visit clinical trial" to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy." The ODG states, "when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." According to the medical record, this worker has low back pain and right sided sciatica. She has improved with 6 previous sessions of physical therapy. According to the guidelines as stated above, additional therapy may be appropriate but it would be expected that within 8-10 visits total the worker would be independent in a home exercise program and not require the supervision of a physical therapist. Although additional physical therapy may be appropriate, the originally requested 6 additional sessions of physical therapy is in excess of the guidelines. Therefore the request for the remaining IMR eligible portion of the original request, Physical therapy to the lumbar spine 2 times a week for 2 weeks (4) is not medically necessary or appropriate.