

<b>Case Number:</b>	CM13-0023855		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	04/04/1999
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 37 year old female who reported an injury on 04/04/1999. The mechanism of injury is not provided. It is unclear what types of conservative treatment she received after the initial injury. It is noted that the patient has chronic low back pain with a worsening of symptoms and radiating pain to the left leg over the past year. The most recent clinical note dated 10/07/2013 reports that the patient has restricted motion but it is unspecified, positive straight leg raise on the left, a slight deficit in lower extremity motor strength to include a 4/5 on left big toe and left ankle plantar flexion, as well as decreased sensation to the left S1 dermatome. There is an official MRI dated 08/23/2013 that noted a 5.2mm disc bulge at L5-S1. There is also an EMG/NCV study dated 08/26/2013 that verifies the radiculopathy noted on physical examination. The patient is reporting interference with activities of daily living to include caring for her children.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 3 weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend physical therapy for patients exhibiting radiculitis. As per the records provided for review, the patient has new onset radicular symptoms to the left side on physical examination that are corroborated by imaging and electrodiagnostic studies. According to the guidelines, patients with radiculitis are recommended to have 8-10 visits over 4 weeks. There is no evidence that previous physical therapy has been received for this exacerbated injury. The current request for 2 visits of physical therapy per week for 3 weeks is within the recommended guidelines. Therefore, the requested physical therapy is medically necessary.