

<b>Case Number:</b>	CM13-0027899		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Family Practice and is licensed to practice in California. 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:

This is a 50-year-old female claimant sustained a work injury between 9/5/05 and 1/12/11 resulting in low back pain. She was determined to have a herniated Nucleus Pulposus, right sided radiculopathy, and facet arthropathy. She has undergone epidural steroid injections an examination on 6/27/13 noted continued cervical strain. Her lumbar injections sites were well healed and there was a positive Braggard's test (indicating sciatic symptoms). A recommendation for physical therapy 2 times a week for 4 weeks were prescribed. On August 7, 2013, the claimant noted benefit from therapy. At this visit the cervical spine was more thoroughly tested vs. the prior visit indicating tenderness and spasms over the trapezial regions and 44 deg flexion, 47 deg extension, 31 deg left lateral flexion and 26 deg right lateral flexion. The leg raise was negative. Another 4 weeks of therapy 2 times a week were ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE CERVICAL AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

**Decision rationale:** In this case the beneficiary had some symptoms of neuritis and radiculopathy. The indication is for 8-10 visits over 4 weeks. The claimant had already completed this amount. An additional amount is not indicated by the guidelines and therefore is not medically necessary.