

<b>Case Number:</b>	CM13-0031331		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Orthopedic Surgery, 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:

The patient is a 44-year-old who was injured in a work related accident on 03/04/13. The records reflected an injury to both the neck and the low back. Clinical records for review included a 07/19/13 assessment with [REDACTED] who diagnosed the claimant with disc extrusion at L5-S1, disc herniation at L4-5 and right sided lumbar radiculopathy. Subjectively, documentation indicated that the claimant continued with complaints of radiating pain as well as intermittent pain about the neck. Objectively, there was restricted lumbar range of motion with weakness at 5-/5 to the EHL, inversion and eversion of the ankle on the right with diminished right S1 dermatomal sensation. Topical compounded agents were recommended as well as 12 sessions of formal physical therapy for both the neck and the low back. No formal clinical imaging was available for review. It was noted that the claimant had utilized a significant course of physical therapy since time of injury in March of 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Physical Therapy two (2) times a week for six (6) weeks for the neck and low back, QTY 12: Upheld**

**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 Section on Physical Medicine Page(s): s 98-99.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, 12 sessions of physical therapy in the chronic setting would not be supported. While the Chronic Pain Guidelines indicate that therapy in the chronic setting can be utilized sparingly to help control pain and inflammation during the acute inflammatory process, it does so with recommendations of eight to nine sessions for myositis or myalgias. The current request in this case for 12 sessions of physical therapy in a claimant for whom no cervical evaluation or recent objective evaluation are noted would exceed guideline criteria duration would not be indicated.