

<b>Case Number:</b>	CM13-0038586		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 and Rehabilitation, and is licensed to practice in Illinois. 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 34-year-old male who reported a work-related injury on 07/15/2012 as the result of a fall. The patient presented for treatment of the following diagnoses: lumbar sprain with radiculopathy as well as lumbar spine muscle spasms, lumbar spine radiculopathy, cervical spine sprain/strain, cervical spine muscle spasms, cervical spine disc disease, right shoulder sprain/strain and right shoulder impingement syndrome. . The patient is status post right shoulder arthroscopy with labral debridement, tenosynovectomy, bursectomy, mini open acromioplasty and manipulation under anesthesia as of 02/22/2013. The clinical note dated 10/18/2013 reported that the patient was seen under the care of [REDACTED] for his pain complaints. The provider documented that upon physical exam of the patient's lumbar spine, there was decreased normal lordosis and tenderness noted in the paraspinal muscles as well as facet tenderness. The provider documented a positive bilateral straight leg raise, range of motion to 15 degrees of bilateral lateral bending, 50 degrees flexion and 10 degrees of extension. The provider documented that range of motion of the lumbar spine elicited pain; 5/5 motor strength was noted throughout, with the exception of the bilateral big toe extensors at 4/5. Reflexes were 2+ and equal throughout. The provider documents a recommendation for the patient to utilize a bilateral L5 transforaminal epidural steroid injection as the patient had failed conservative treatment, including physical therapy, chiropractic treatment, medications, rest and a home exercise program. The provider administered Kenalog, lidocaine and a Marcaine injection as well as trigger point injections at this visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) sessions of physical therapy for the lumbar spine:** 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 Page(s): 99.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports that the patient had previously utilized physical therapy interventions since status post his work-related injury sustained in 07/2012; however, documentation of duration, efficacy of treatment and the patient's compliancy with a course of treatment, was not evidenced in the clinical notes reviewed. The provider documented that the patient had failed with lower levels of conservative care. The California MTUS indicates to allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active, self-directed home physical therapy. Given all of the above, the request for 8 sessions of physical therapy for the lumbar spine is not medically necessary or appropriate.