

<b>Case Number:</b>	CM13-0062203		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 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:

This patient is a 40-year-old male who was seen on 10/29/2013 for a followup appointment. The patient is currently working for ██████████ in the sanitation department. The patient has complaints of pain in the neck which is aggravated with increased activities, also upper back pain and lower back pain. There is radiating pain to the left leg and the patient has experienced numbness and tingling to the left buttocks, left leg, and left foot. On physical exam the physician has noted tenderness to palpation over left C5-6, C6-7, left upper trapezius, left levator scapula, left rhomboid. Also for sensory examination decreased sensation to light touch over the ulnar half of the left hand, middle finger and ring finger of the left hand. Spine examination noted tenderness to palpation over the midline at T5-8. Lumbar examination noted tenderness to palpation over midline L2-S1, bilateral L5-S1, left sciatic notch and left posterior thigh. Sensory examination reveals decreased sensation to light touch over the left plantar foot and all toes. The patient is diagnosed with cervical sprain/strain, left-sided radiculitis, thoracic sprain/strain, lumbar spine sprain/strain with left-sided radiculopathy, depression/anxiety. The physician did note in part of the treatment plan that the patient has completed 8 sessions of physical therapy to the lumbar spine with functional improvement noted with range of motion and strength, as well as decrease in pain symptomatology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend physical medicine for myalgia/myositis at 9 to 10 visits over 8 weeks, and for neuralgia, neuritis, and radiculitis at 8 to 10 visits over 4 weeks. The physician did note in the 10/29/2013 office note that the patient has already had 8 visits of physical therapy and did note functional improvement noted with range of motion and strength, as well as a decrease in pain symptomatology. However, the physical therapy treatment notes that were provided for review were not legible. Due to the lack of documentation in the physical therapy notes, there was no medical necessity for additional physical therapy noted. Therefore, the request is not medically necessary and appropriate.