

<b>Case Number:</b>	CM13-0068776		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Occupational Medicine, 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 53-year-old male with date of injury 01/13/2012. The most recent primary treating physician's report, dated 10/02/2013, lists subjective complaints as continued pain in the lower back. The patient is status post epidural steroid injections in the lumbar spine x2. The patient states that the pain is better as compared to the prior injection. His symptoms have improved more than 50% in terms of intensity. He also complains of neck pain with associated headaches. Objective findings: lumbar spine, ranges of motion are decreased although improving. There is mild to moderate tenderness to palpation to the lumbar paravertebral musculature long with mild spasms. Diagnosis: 1. Cervical disc protrusions, C3-C7, positive MRI 2. Lumbar spine strain/sprain L5-S1 radicular irritation at the level L5-S1, positive EMG, herniated lumbar disc L3-L4, L4-L5, L5-S1 3. Left shoulder strain/sprain rule out tendinitis, impingement, cuff tear, internal derangement 4. Right shoulder strain/sprain rule out tendinitis, impingement, cuff tear, internal derangement 5. Lumbar back strain/sprain 6. Anxiety and depression 7. Insomnia 8. Bilateral carpal tunnel per EMG/NCV studies. Patient has had 16 physical therapy visits in the last 6 months, and 63 visits in the last year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (2) TIMES A WEEK FOR (4) WEEKS OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Despite 64 visits of physical therapy within the last year, the employee has shown very little functional improvement. California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the employee has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the employee should have been taught exercises which are to be continued at home as directed by the MTUS guidelines.