

<b>Case Number:</b>	CM14-0106589		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 expert 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 31 year old male with an injury date of 12/03/12. Based on the 05/16/14 progress report provided by [REDACTED], this patient complains of continued lower back pain and central neck pain with headaches. Objective findings of this patient include tender cervical and lumbar paraspinal muscles, bilateral sacroiliac joints, lumbosacral region, and cervical paraspinal muscle spasm and decreased cervical as well as lumbar ranges of motion. Diagnoses for this patient include L/S sp/st / BLEx radiculitis; C/S sp/st; HA/memory loss deferred, hearing difficulty deferred; and Anxiety. The utilization review being challenged is dated 06/13/14. The request is for 8 physical therapy visits. The 06/13/14 utilization review determination modified certification to 4 physical therapy visits. [REDACTED] is the requesting physician and he provided progress reports from 02/24/14 to 05/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Physical Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines.

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

**Decision rationale:** MTUS Guidelines recommend 8-10 physical therapy visits for unspecified neuralgia, neuritis, and radiculitis. Given this patient has already completed six visits based on the 05/19/14 Physical Therapy Report, an additional 9 sessions would exceed the maximum number of therapy sessions recommended by guidelines for this type of diagnosis. Considering this patient does not present with (significant) documented factors of delayed recovery, and is progressing with current treatment, this patient can be reasonably expected to transition to an independent, self-directed home exercise program. As such, the request is not medically necessary.