

<b>Case Number:</b>	CM14-0011792		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 & Rehabilitation and Pain Management 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:

The patient is a 41 year old with an injury date on 4/6/12. Based on the 12/20/13 progress report provided by [REDACTED] the diagnoses are: 1. Degenerative disc lumbar disease 2. sprain/strain lumbar 3. Sciatica Exam of L-spine on 12/10/13 showed "tenderness to palpation about the thoracic spine that translates down into the lumbar spine. There is tenderness to palpation as well as spasm noted about the lumbar paraspinal musculature bilaterally. Forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees in either direction. Able to heel-and-toe walk across the examining room without difficulty. No evidence of any limp or antalgic gait. Straight-leg-raising test was felt to be negative at 70 degrees in the sitting as well as the lying position." [REDACTED] [REDACTED] is requesting physical therapy 2x4 lumbar. The utilization review determination being challenged is dated 1/10/14 and reduces request to 2 sessions due to unclear identification of prior sessions, non-worsening back pain, and ability to continue with home exercise. [REDACTED] is the requesting provider, and he provided treatment reports from 12/26/12 to 12/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE PHYSICAL THERAPY 2 X 4, LUMBAR:** Overturned

**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 Chronic Pain Medical Treatment Guidelines MTUS - Physical Medicine Guidelines Page(s): 98, 99.

**Decision rationale:** This patient presents with continued neck/back pain. The treater has asked physical therapy 2x4 lumbar on 10/24/13. Review of the report shows no recent history of physical therapy. 4/1/13 report states patient has "persistent symptomology of C-spine with stiffness and pain with radiation." On 12/26/13, treater noted "Numerous visits disclosing reduced motion of the neck and back secondary to muscular pain and spasm." MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for physical therapy 2x4 lumbar. Although patient's radicular symptoms appear to come primarily from C-spine, patient does have persistent neck/back pain. Requested 8 physical therapy sessions four L-spine is reasonable and within MTUS guidelines for this type of condition. Therefore, the request for eight (8) physical therapy sessions for lumbar spine is medically necessary and appropriate.